



## BENEFITS OUTLINE 2020 / 2021

New hire benefits are effective date of hire.

MEDICAL INSURANCE	BCN – VALUE In-Network Benefits	TRADITIONAL
<b>EMPLOYEE COST / MONTH</b>	<b>FIXED CO-PAYS – CHOICE/STANDARD</b>	<b>RX CO-PAYS</b> (*AFTER DEDUCTIBLE)
SINGLE: \$ 25.63	OFFICE VISIT (PCP): \$ 30	GENERIC: \$ 25
DOUBLE: \$ 61.53	SPECIALIST VISIT: \$ 40	PREFERRED BRAND: \$ 50
FAMILY: \$ 76.90	URGENT CARE: \$ 50	NON-PREFERRED BRAND: \$ 80
	ER VISIT: \$ 150	PREFERRED SPECIALTY: 20% coins
<b>EMPLOYER COST / MONTH</b>	AMBULANCE: \$ 20% coins	NON-PREFERRED SPECIALTY: 20%coins
SINGLE: \$ 345.66	HIGH TECH IMAGING: \$ 150	
DOUBLE: \$ 829.58		
FAMILY: \$ 1,036.99	<b>COINSURANCE MAX</b> (plan year)	<b>TOTAL OUT-OF-POCKET MAXIMUM</b> (plan year)
	INDIVIDUAL: \$ 2,500	INDIVIDUAL: \$ 6,350
<b>DEDUCTIBLE</b> (plan year)	FAMILY: \$ 5,000	FAMILY: \$ 12,700
INDIVIDUAL: \$ 1,000		
FAMILY: \$ 2,000	<b>HOSPITAL COINSURANCE</b> 20% coinsurance	
<b>SPECIAL FEATURES:</b>	<ul style="list-style-type: none"> <li>• <u>WELLNESS VISITS/CHECKUPS</u>: Covered 100% w/ no co-pay based on gender/age guidelines</li> <li>• <u>VIRTUAL VISITS</u>: 24/7 online physician access</li> </ul>	

MEDICAL INSURANCE	BCN – BASE In-Network Benefits	TRADITIONAL
<b>EMPLOYEE COST / MONTH</b>	<b>FIXED CO-PAYS</b> (*AFTER DEDUCTIBLE)	<b>RX CO-PAYS</b> (*AFTER DEDUCTIBLE)
SINGLE: \$ 54.23	OFFICE VISIT (PCP): \$ 20	GENERIC: \$ 25
DOUBLE: \$ 130.15	SPECIALIST VISIT: \$ 40	PREFERRED BRAND: \$ 50
FAMILY: \$ 162.69	URGENT CARE: \$ 50	NON-PREFERRED BRAND: \$ 80
	ER VISIT: \$ 250	PREFERRED SPECIALTY: 20% coins
<b>EMPLOYER COST / MONTH</b>	AMBULANCE: \$ 20% coins	NON-PREFERRED SPECIALTY: 20% coins
SINGLE: \$ 323.55	HIGH TECH IMAGING: \$ 150	
DOUBLE: \$ 776.53		
FAMILY: \$ 970.66	<b>COINSURANCE MAX</b> (plan year)	<b>TOTAL OUT-OF-POCKET MAXIMUM</b> (plan year)
	INDIVIDUAL: \$ 2,500	INDIVIDUAL: \$ 6,350
<b>DEDUCTIBLE</b> (plan year)	FAMILY: \$ 5,000	FAMILY: \$ 12,700
INDIVIDUAL: \$ 500		
FAMILY: \$ 1,000	<b>HOSPITAL COINSURANCE</b> 20% coinsurance	
<b>SPECIAL FEATURES:</b>	<ul style="list-style-type: none"> <li>• <u>WELLNESS VISITS/CHECKUPS</u>: Covered 100% w/ no co-pay based on gender/age guidelines</li> <li>• <u>VIRTUAL VISITS</u>: 24/7 online physician access</li> </ul>	

**2020 / 2021**

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<b>MEDICAL INSURANCE</b>		<b>BCN – PREMIUM</b>		<b>TRADITIONAL</b>	
		<b>In-Network Benefits</b>			
<b>EMPLOYEE COST / MONTH</b>		<b>FIXED CO-PAYS</b> (*AFTER DEDUCTIBLE)		<b>RX CO-PAYS</b> (*AFTER DEDUCTIBLE)	
SINGLE:	\$ 120.94	OFFICE VISIT (PCP):	\$ 20	GENERIC:	\$ 30
DOUBLE:	\$ 290.26	SPECIALIST VISIT:	\$ 30	PREFERRED BRAND:	\$ 60
FAMILY:	\$ 362.83	URGENT CARE:	\$ 35	NON-PREFERRED BRAND:	\$ 80
		ER VISIT:	\$ 250	PREFERRED SPECIALTY:	20% coins
<b>EMPLOYER COST / MONTH</b>		AMBULANCE:	\$ 20% coins	NON-PREFERRED SPECIALTY:	20% coins
SINGLE:	\$ 270.13	HIGH TECH IMAGING:	\$ 150		
DOUBLE:	\$ 648.31	<b>COINSURANCE MAX</b> (plan year)		<b>TOTAL OUT-OF-POCKET MAXIMUM</b> (plan year)	
FAMILY:	\$ 810.38	INDIVIDUAL:	\$ 2,500	INDIVIDUAL:	\$ 6,350
<b>DEDUCTIBLE</b> (plan year)		FAMILY:	\$ 5,000	FAMILY:	\$ 12,700
INDIVIDUAL:	\$ 250	<b>HOSPITAL COINSURANCE</b>			
FAMILY:	\$ 500	20%			
<b>SPECIAL FEATURES:</b>		<ul style="list-style-type: none"> <li>• <b>WELLNESS VISITS/CHECKUPS:</b> Covered 100% w/ no co-pay based on gender/age guidelines</li> <li>• <b>VIRTUAL VISITS:</b> 24/7 online physician access</li> </ul>			

<b>WAIVE MEDICAL BENEFIT</b>	<b>\$</b>	<b>EMPLOYER PAID</b>
<b>SPECIAL FEATURES:</b>	<ul style="list-style-type: none"> <li>• Staff that are eligible for but waive medical coverage will receive \$2000.00 annually (\$83.33/pay) in lieu of that coverage. Waive Medical is considered taxable income.</li> </ul>	

<b>DENTAL INSURANCE</b>	<b>DELTA DENTAL PREFERRED</b>	<b>EMPLOYEE PAID</b>			
<b>EMPLOYEE COST / MONTH</b>	<b>FEATURES</b>	<b>DESCRIPTION</b> (assumes in-network)			
SINGLE:	\$ 5.21	BENEFIT MAX <sup>^</sup> :	\$ 1,000	PREVENTATIVE SERVICES:	NO DEDUCTIBLE APPLIES – COVERED 100%
DOUBLE:	\$ 9.98	DEDUCTIBLE <sup>^</sup> :	\$ 50	BASIC SERVICES:	COVERED 80% AFTER DEDUCTIBLE
FAMILY:	\$ 20.24	ORTHO MAX:	\$ 1,000	MAJOR SERVICES:	COVERED 50% AFTER DEDUCTIBLE
		• Lifetime		ORTHODONIC:	COVERED 50% AFTER DEDUCTIBLE
				DEPENDENTS:	COVERED TO AGE 26
<b>EMPLOYER COST / MONTH</b>		<b>SPECIAL FEATURES:</b>			
SINGLE:	\$ 29.51	<ul style="list-style-type: none"> <li>• No ID card required – simply let your provider know you have Delta Dental and they will be able to look you up by your SSN</li> <li>• Delta Dental PPO Network</li> <li>• <sup>^</sup> Benefit Maximum and Deductible are calendar year</li> </ul>			
DOUBLE:	\$ 56.55				
FAMILY:	\$ 114.67				

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VISION INSURANCE		EYEMED	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>FEATURES</u>	<u>DESCRIPTION</u>	
SINGLE: \$ 1.34	EXAMS: ONCE EVERY 12 MONTHS	EXAM CO-PAY: \$ 10	
DOUBLE: \$ 2.63	CONTACTS: ONCE EVERY 12 MONTHS	CONTACT LENSES: \$130 Allowance	
FAMILY: \$ 3.73	FRAMES: ONCE EVERY 24 MONTHS	DEPENDENTS: COVERED TO AGE 26	
<u>EMPLOYER COST / MONTH</u>	<u>SPECIAL FEATURES:</u>		
SINGLE: \$ 7.61	<ul style="list-style-type: none"> <li>No ID card required – simply let your provider know you have EyeMed and they will look you up by your SSN</li> </ul>		
DOUBLE: \$ 14.88	<ul style="list-style-type: none"> <li>Benefit frequency based on date of last visit</li> </ul>		
FAMILY: \$ 21.14			

LIFE INSURANCE	LINCOLN FINANCIAL	EMPLOYER PAID
<u>COVERAGE</u>	<u>SPECIAL FEATURES:</u>	
EMPLOYEE: \$ 10,000	<ul style="list-style-type: none"> <li><u>LifeKeys</u>: Online will &amp; testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life policy.</li> </ul>	
SPOUSE: \$ 2,000	<ul style="list-style-type: none"> <li><u>TravelConnect</u>: Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.</li> </ul>	
DEPENDENT: \$ 1,000		

SHORT TERM DISABILITY	LINCOLN FINANCIAL	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<u>SPECIAL NOTES:</u>
<ul style="list-style-type: none"> <li>Rates will vary based on your weekly salary</li> </ul>	<ul style="list-style-type: none"> <li>60% of weekly salary up to \$1,000 per week</li> <li>Benefits begin on (Accident) 1<sup>st</sup> day</li> <li>Benefits begin on (Illness) 8<sup>th</sup> day</li> <li>Max Duration of Benefits: 13 weeks</li> </ul>	<ul style="list-style-type: none"> <li><u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months.</li> </ul>

LONG TERM DISABILITY	LINCOLN FINANCIAL – DETROIT 90/90	EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<u>SPECIAL NOTES:</u>
<ul style="list-style-type: none"> <li>Rates will vary based on your monthly salary</li> </ul>	<ul style="list-style-type: none"> <li>60% of weekly salary up to \$7,500 per month</li> <li>Elimination Period: 90 days</li> <li>Max Duration of Benefits: till age 65</li> </ul>	<ul style="list-style-type: none"> <li><u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months.</li> </ul>

LIFE INSURANCE	LINCOLN FINANCIAL - CHARTER	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<u>SPECIAL NOTES:</u>
<ul style="list-style-type: none"> <li>Rates are based on employee's age and amount of coverage</li> </ul>	EMPLOYEE: \$10k to \$200k guaranteed, Max. 5X Salary or \$500k SPOUSE: \$5k to \$50k guaranteed, Max. \$250k or 50% of Emp. DEPENDENT: \$10k guaranteed	<ul style="list-style-type: none"> <li>You must elect coverage for yourself in order to elect coverage for your spouse and / or child(ren)</li> <li>Any amount elected over the guarantee issue amount will be subject to medical underwriting</li> </ul>

AXIOS HR	VOLUNTARY EMPLOYEE PAID
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**FLEX BENEFIT – HEALTH & DEPENDENT CARE**

<u>EMPLOYEE COST / MONTH</u>	<i>SPECIAL FEATURES</i>
<ul style="list-style-type: none"> <li>You elect how much to contribute annually</li> </ul>	<ul style="list-style-type: none"> <li>Health Care Spending Account Maximum Limit: \$2,700 Annually</li> <li>Dependent Care Spending Account Maximum Limit: \$5,000 Annually (Dependent Care expenses must be from a licensed care provider or program)</li> <li>FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars.</li> <li>FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s).</li> </ul>

**OFF THE JOB ACCIDENT ALLSTATE VOLUNTARY EMPLOYEE PAID**

<u>EMPLOYEE COST / MONTH</u>	<i>SPECIAL FEATURES</i>
EMPLOYEE: \$ 13.76	<ul style="list-style-type: none"> <li>This coverage pays you cash benefits that correspond with a variety of covered occurrences, such as dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.</li> <li>Benefits are paid once per accident unless otherwise noted in the schedule of benefits.</li> <li>Guaranteed issue coverage and coverage available for spouse and child(ren).</li> <li>See plan document for more details.</li> </ul>
EE + SPOUSE: \$ 20.85	
EE + CHILD: \$ 31.91	
EE + FAMILY: \$ 39.96	

**CRITICAL ILLNESS ALLSTATE VOLUNTARY EMPLOYEE PAID**

<u>EMPLOYEE COST / MONTH</u>	<i>SPECIAL FEATURES</i>
<ul style="list-style-type: none"> <li>Rates will vary based on your issue age, who you wish to cover, the amount of coverage and whether or not you use tobacco products</li> </ul>	<ul style="list-style-type: none"> <li>Benefit Coverage options are \$10,000 or \$20,000</li> <li>This coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs (such as cancer, major organ failure, etc.), what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event.</li> <li><u>How It Works</u>: You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, this coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.</li> </ul>

**HOSPITAL INDEMNITY ALLSTATE VOLUNTARY EMPLOYEE PAID**

<u>EMPLOYEE COST / MONTH</u>	<i>SPECIAL FEATURES</i>
EMPLOYEE: \$ 7.67	<ul style="list-style-type: none"> <li>This coverage pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses.</li> <li>Guaranteed issue coverage and coverage available for spouse and child(ren).</li> <li>Coverage can be continued as long as premiums are paid to Allstate Benefits.</li> <li>See plan document for more details.</li> </ul>
EE + SPOUSE: \$ 20.15	
EE + CHILD: \$ 13.26	
EE + FAMILY: \$ 21.84	

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Legal / ID Protection	ID Shield/Legal Shield	VOLUNTARY EMPLOYEE PAID												
<p><b>SPECIAL FEATURES</b></p> <ul style="list-style-type: none"> <li>ID Shield membership includes security and privacy monitoring social media monitoring, identity restoration and consolation services.               <ul style="list-style-type: none"> <li>If your identity is stolen, ID Shield will fully restore to pre-theft status.</li> </ul> </li> <li>LEGAL Shield offers advice, consultation and representation including legal guidance for common issues.               <ul style="list-style-type: none"> <li>Membership includes a dedicated law firm, contracts and document review as well as preparation of your end of life documents,</li> </ul> </li> </ul>														
<table border="1"> <thead> <tr> <th>Plan</th> <th>Family (per month)</th> <th>Individual (per month)</th> </tr> </thead> <tbody> <tr> <td>LegalShield</td> <td>23.95</td> <td>23.95</td> </tr> <tr> <td>IDShield</td> <td>18.95</td> <td>8.95</td> </tr> <tr> <td>Combined</td> <td>38.90</td> <td>32.90</td> </tr> </tbody> </table>			Plan	Family (per month)	Individual (per month)	LegalShield	23.95	23.95	IDShield	18.95	8.95	Combined	38.90	32.90
Plan	Family (per month)	Individual (per month)												
LegalShield	23.95	23.95												
IDShield	18.95	8.95												
Combined	38.90	32.90												

401(k)	MASS MUTUAL	RETIREMENT PLAN
	<b>SERVICE LENGTH</b>	<b>AGE</b>
<b>ELIGIBILITY REQUIREMENTS:</b>	<ul style="list-style-type: none"> <li>NONE</li> <li>Enrollment in the 401k, or any contribution or beneficiary changes to your existing MassMutual 401k, can be done on MassMutual’s website, <a href="http://www.retiresmart.com">www.retiresmart.com</a>.</li> </ul>	<ul style="list-style-type: none"> <li>21</li> <li>IMMEDIATE</li> </ul>
<b>SPECIAL FEATURES:</b>	<ul style="list-style-type: none"> <li>Employer matches 100% of the first 6% of employee contribution, maximum of \$6,000/year after 1 year of service</li> <li>3 year cliff vesting (all employer contributions after 3 years of service are 100% vested)</li> </ul>	

PET INSURANCE	PET’S BEST	VOLUNTARY EMPLOYEE PAID
<p><i>Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.</i></p>		
<ul style="list-style-type: none"> <li>Fast claims processing and payment – receive reimbursement via direct deposit or direct vet pay options available</li> <li>Use any veterinarian in the U.S. – including specialty and emergency clinics</li> <li>Access to a 24/7 pet helpline powered by whiskerDocs</li> <li>Exclusive Axios HR employee discount on a BestBenefit Plan</li> </ul>		
<p>The Pet Insurance benefit through Pet’s Best is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at <a href="http://www.petsbest.com/axios">www.petsbest.com/axios</a>. Employees will pay premiums directly to Pet’s Best.</p>		

FINANCIAL WELLNESS	FINFIT	FREE USE OF SITE WITH REGISTRATION
<p><b>SPECIAL FEATURES</b></p> <ul style="list-style-type: none"> <li>Assess your Personal Financial Health</li> <li>Budget Building Tools</li> <li>Financial Calculators</li> <li>Life Planning</li> </ul>		<p><i>Access via the Axios HR Payroll website in Axios Perks</i></p> <ul style="list-style-type: none"> <li>Financial Education information</li> <li>Online tracking of your bank accounts</li> <li>24/7 Financial Wellness provided online</li> <li>Short-Term Loan Assistance*</li> </ul>
<p>* Fee Based Service, subject to credit approval</p>		

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**ASSISTANCE FOR CAREGIVERS      CARALLEL – MyCareDesk      FREE USE OF SITE WITH REGISTRATION**

**SPECIAL FEATURES**

*Access via the Axios HR Employee Portal under 'Axios Perk's*

- ORGANIZE – Keep track of important documents, coordinate tasks and manage bill payment.
- COLLABORATE – Create your own care team and then share information, tasks and decision making.
- CONSULT – Speak with trusted and experienced Care Advocates through our full-service concierge.
- LEARN – Access tools and resources on topics like health, wealth, lifestyle, senior living and in-home care.

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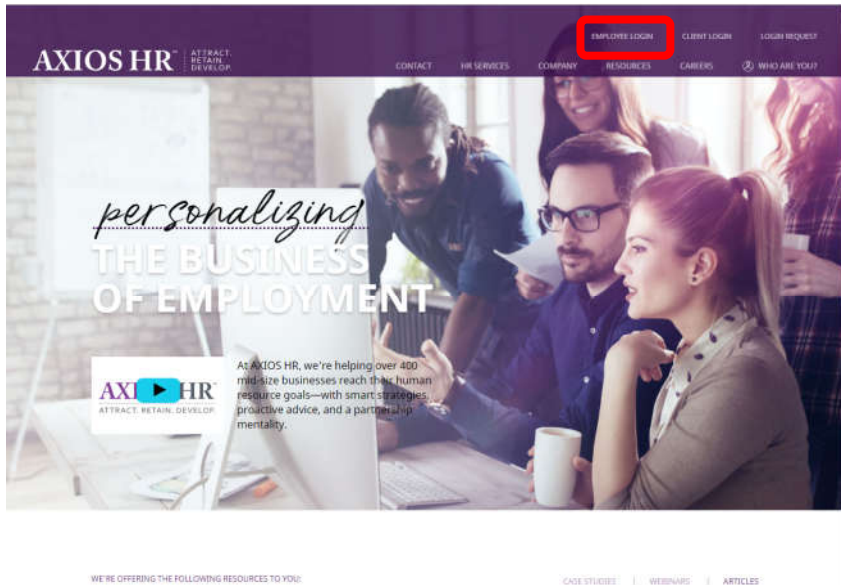
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## HOW TO COMPLETE OPEN ENROLLMENT – NAVIGATION INSTRUCTIONS

To elect your benefits for the 2020-2021 plan year, please follow these simple instructions. Please note that it is highly recommended that you use Google Chrome to complete your enrollment.

Go to <https://axioshr.com/>, and click on the ‘Employee Login’ link at the top right of the screen:



Enter your employee credentials and click the blue ‘Log In’ button:



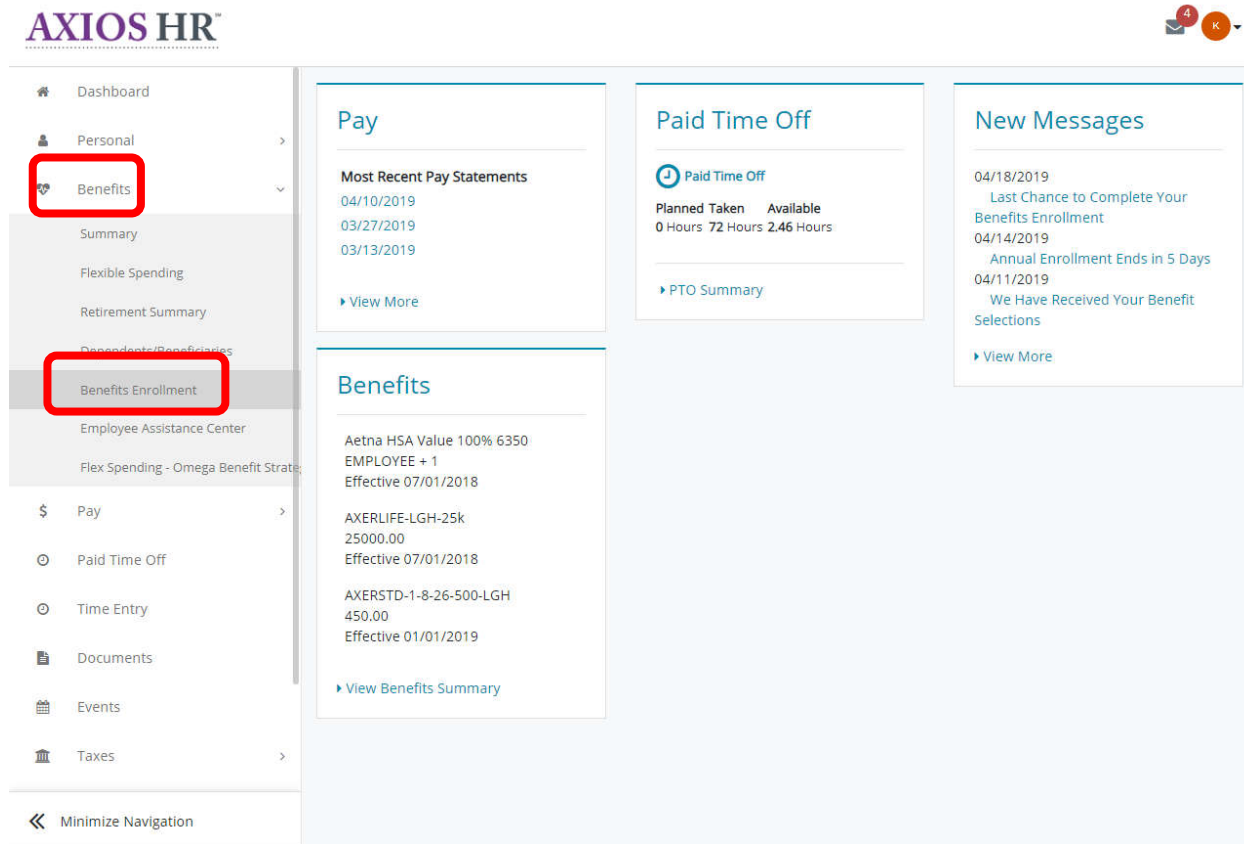
If you have forgotten your username or password, you may use the ‘Forgot Username?’ or ‘Forgot Password?’ links on the login screen for assistance retrieving or resetting your credentials. You may also contact Axios HR for assistance at 1-844-44AXIOS, or by e-mailing [uprep@axioshr.com](mailto:uprep@axioshr.com). The Axios HR Employee Care Team is available to assist you Monday-Friday from 8am-5pm.

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Once you are logged in to the Employee Portal, navigate to the Benefits Enrollment tool by clicking on 'Benefits' in the side menu and then on 'Benefits Enrollment'. The enrollment experience will open in a separate window. If the separate window is not opening, make sure you do not have any pop-ups blocked.



**AXIOS HR**

Dashboard

Personal

**Benefits**

- Summary
- Flexible Spending
- Retirement Summary
- Dependents/Beneficiaries
- Benefits Enrollment**
- Employee Assistance Center
- Flex Spending - Omega Benefit Strat

Pay

Most Recent Pay Statements

04/10/2019
03/27/2019
03/13/2019

[View More](#)

Paid Time Off

Paid Time Off

Planned	Taken	Available
0	72	2.46

Hours

[PTO Summary](#)

New Messages

04/18/2019  
Last Chance to Complete Your Benefits Enrollment

04/14/2019  
Annual Enrollment Ends in 5 Days

04/11/2019  
We Have Received Your Benefit Selections

[View More](#)

Minimize Navigation

**Benefits**

Aetna HSA Value 100% 6350  
EMPLOYEE + 1  
Effective 07/01/2018

AXERLIFE-LGH-25k  
25000.00  
Effective 07/01/2018

AXERSTD-1-8-26-500-LGH  
450.00  
Effective 01/01/2019

[View Benefits Summary](#)

The Axios HR Employee Care Team is here to assist you if you have any questions, or have any trouble making or submitting your benefit elections for the 2020-2021 benefit plan year. You can reach the Axios HR Employee Care Team by phone at 1-844-44AXIOS (1-844-442-9467) or by e-mailing [uprep@axioshr.com](mailto:uprep@axioshr.com).

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