



Benefit Enrollment Guide

2022 Plan Year

LOOK INSIDE FOR INFORMATION ABOUT:

How Your Benefits Work • Your Insurance Plans • Benefits Enrollment



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Dear Employee:

At Action Pact, we are proud to offer you a comprehensive benefits package. This enrollment guide will assist you in determining the coverage levels that will provide you and your family with the protection that gives you peace of mind.

This guide explains each type of coverage, gives suggestions about how to effectively use your benefits, and provides examples to help you determine your benefit and payroll deduction amounts. We encourage you to take the time to review the enrollment guide prior to enrollment.

Keep in mind that the benefits you select during this open enrollment will be effective January 1, 2022 and will continue through December 31, 2022.

If You're a New Employee

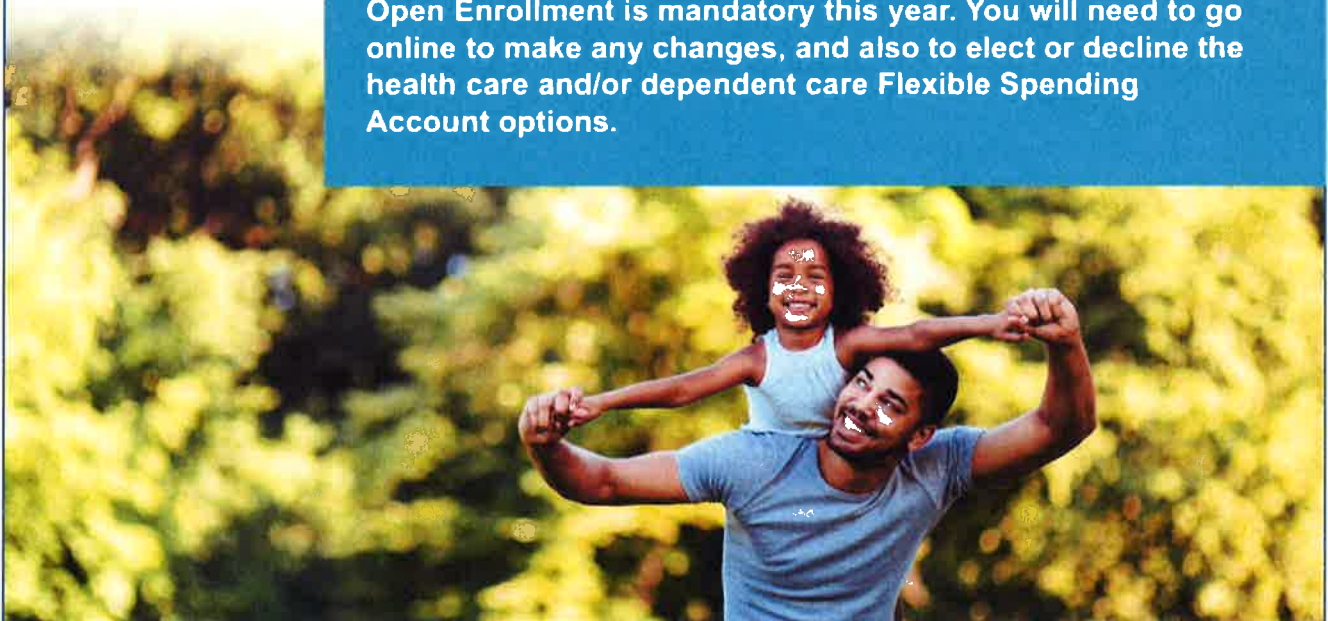
If you aren't currently enrolled, you and your eligible family members may participate in the Action Pact benefits package on the 1st of the month following 60 days of employment.

If you are an employee who is disabled and away from work on the date that your coverage would become effective, you'll have to wait until you return to work before your coverage goes into effect. If a family member is hospitalized or confined to the house because of an illness or injury, he or she would have to wait for coverage to begin.

About Your Payroll Deductions

Equal payroll deductions will be taken from each paycheck. Your medical, dental and vision premiums will be deducted on a pre-tax basis because they are covered under Section 125. This means that once you elect to enroll in any of these plans, you cannot drop or change your election until the following open enrollment unless you have a qualifying life event (see "Important Note" on the following page).

Open Enrollment is mandatory this year. You will need to go online to make any changes, and also to elect or decline the health care and/or dependent care Flexible Spending Account options.



Important Note

No changes are allowed to your medical, dental or vision coverage during the plan year, except for a "qualifying life event." Qualifying life events that could result in changes to your coverage include: marriage or divorce, birth or adoption of a child, death of a dependent, medicare entitlement, end of a dependent's full-time student status, termination of your spouse's employment that affects benefits, and/or loss of other group coverage.

If you have a qualifying life event, you must notify Human Resources and provide necessary documentation within 30 days of the change. If you do not do so within 30 days, you must wait until the next open enrollment to make benefit plan changes.

In order to make the enrollment process as smooth as possible, it will help if you have the following information ready:

- The name(s), date(s) of birth and Social Security Number(s) for yourself and your dependent children. Dependent children include your natural children, adopted children, stepchildren and children for whom you have legal guardianship. Medical, Dental, Vision and Voluntary Life coverage is available for dependent children up to age 26.
- Your current address to ensure that your ID cards and other important benefit information are sent to the correct address.
- Full name and relationship of your beneficiary (who must be at least age 18 or you'll be required to name a guardian for him/her).

Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.

Carrier Contact Information

Medical

Cigna

Customer Service: 1-800-CIGNA24 (1-800-244-6224)

Website: www.mycigna.com or www.cigna.com

Dental

Cigna

Customer Service: 1-800-CIGNA24 (1-800-244-6224)

Website: www.mycigna.com or www.cigna.com

Vision

Cigna

Customer Service: 1-877-478-7557

Website: www.mycigna.com or www.cigna.com

Life & Disability

New York Life

Customer Service: 1-888-842-4462

Website: www.newyorklife.com/groupbenefit-solutions

Voluntary Supplemental Plans

Colonial Life

Customer Service: 912-443-0181

Email: ehwilson@bellsouth.net

Telemedicine

RelyMD

Customer Service: 1-855-879-4332

Website: www.relymd.com

Flexible Spending Account (Health Care and Dependent Care)

iSolved

Customer Service: 1-866-370-3040

fbamail@isolvedhcm.com

Website: www.isolvedbenefitservices.com

Employee Assistance Program

New Your Life/Cigna

Customer Service: 800-538-3543

Website: www.cignalap.com

2022 Enrollment Process

SmartBen is our on-line enrollment tool. The site is accessible via the Internet at actionpact.smartben.net and can be accessed 24 hours a day, seven days a week. The following tips will help you prepare for and complete the online enrollment process.

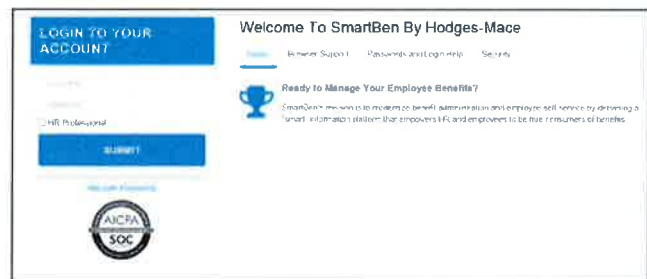
Before You Enroll

Take time to review the information in the Plans section. It will help you understand your benefit choices. Discuss it with your family, too! Click on the Plans icon at the top of the home page and select a plan to review the details.

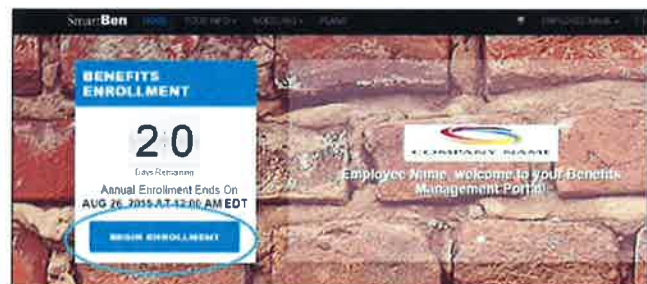
Steps to Complete Your Enrollment

Step 1: Log on to actionpact.smartben.net and enter your *Username* (Employee ID # + ACTION, no dashes) and *Password* (eight-digit date of birth, MMDDYYYY format).

- Example: 1234ACTION
- Example: 06101964 for date of birth June 10, 1964



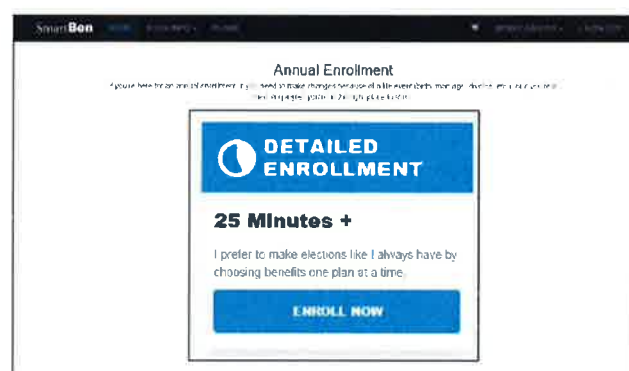
Step 2: From the home page, click the *Begin Enrollment* icon at the left side of the page.



Step 3: Click *Annual Enrollment* (or *New Hire*, if applicable).

- **Detailed Enrollment** – this allows you to review and elect benefits individually.

People Manager is where your personal, spouse/dependent /beneficiary information is stored. Adding people into the *People Manager* section **DOES NOT** assign them to coverage. You will assign your spouse/dependent/beneficiaries in the enrollment process. To return to enrollment, simply click *Manage Benefits*



2022 Enrollment Process

Steps to Complete Your Enrollment (continued)

Step 4: Once your elections are complete each benefit will have a green light in the status box. To proceed to the next step, click the button labeled *"Elect & Continue."*

Step 5: If you have any incomplete "Verification Tasks" you will be instructed at this page. Once completed, click the button labeled *"Continue."*

Step 6: You will now have the opportunity to *Review your Confirmation*. Examine your elections thoroughly, including dependent and beneficiary assignments, and click agree at the bottom of the page to acknowledge your agreement before clicking "Continue" at the bottom. If you need to make changes, click the "Return to Lights" button on the right side of the page under the Continue button.

Step 7: *Congratulations!* You have successfully completed the enrollment process. Select the **Print** button for a copy of your Confirmation Statement.

Medical Coverage (Cigna)

Action Pact offers two medical plans from Cigna for your health care benefits:

■ An Enhanced Plan

■ A Basic Plan

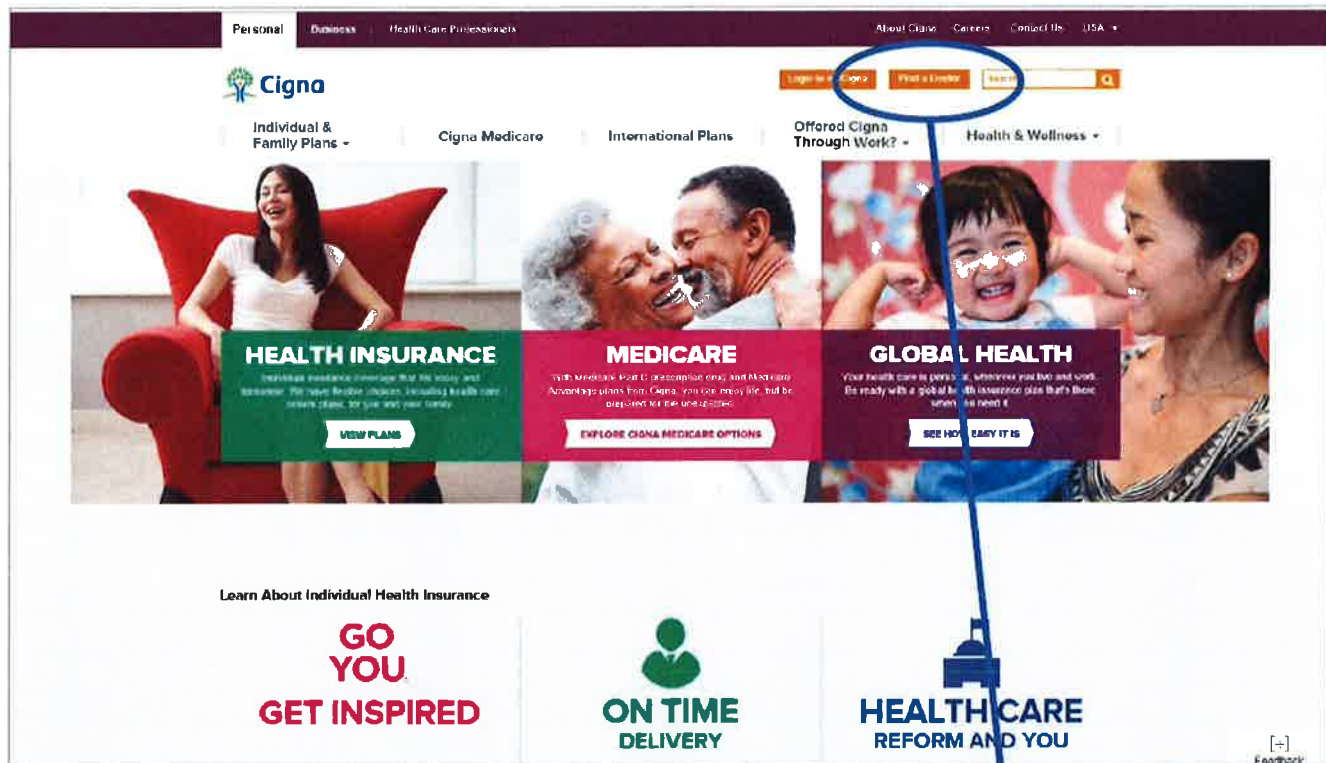
These plans have contracted with the Cigna network of providers, including physicians, hospitals, and other types of providers. In order to receive the highest level of benefits and pay the least amount out of your pocket, you need to access care from the providers who have elected to be a part of the network. You may access the provider directory for these plans at www.cigna.com.

With these plans, you may choose to seek care from a provider who is not in the network. If you choose to go out-of-network, you will pay a larger portion of expenses out of your pocket. After paying your deductible, you pay a percentage of covered services. When you reach the Annual Out-of-Pocket Maximum, the Plan pays most remaining covered expenses at 100%.

For questions about providers, services, etc., you may contact Cigna at 1-800-CIGNA24 (1-800-244-6224) (24 hours a day, 7 days a week).



How to Find a Medical Provider Online



How to find a medical provider

Use [myCigna.com](https://mycigna.com) for your search.

myCigna is completely personalized, helping make your search faster and easier. **myCigna.com** is available 24/7/365.

- Go to Cigna.com
- Click Find a Doctor
- Select your search preference (by specialty, doctor, etc.)
- Enter requested info, including location
- Click Search
- Choose the plan (Open Access Plus, OA plus)
- Refine your results by choosing preferences (optional)

Cigna Enhanced Plan Medical Benefit Summary Plan

Benefit Features	Enhanced Plan	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$750	
Employee + Child(ren)	\$2,250	
Coinsurance	You pay 20% after deductible	You pay 40% after deductible
Office Visits <i>(includes lab and x-ray if performed in office)</i>		
PCP	\$25	You pay deductible + 40%
Specialist	\$40	You pay deductible + 40%
Urgent Care Center	\$50 copay (no deductible/coinsurance)	\$50 copay (no deductible/coinsurance)
Emergency Room Copay <i>(copay waived if admitted)</i>	\$100 copay + deductible	\$100 copay + deductible
Inpatient Hospital Services <i>(must be precertified or you will be penalized with a 50% reduction eligible benefits)</i>	You pay deductible + 20%	\$500 per admission, then you pay deductible + 40%
Preventive Care	Plan pays 100%	You pay deductible + 40%
Chiropractic Care	\$40 copay	You pay deductible + 40%
Lab and X-ray		
Outpatient	You pay deductible + 20%	You pay deductible + 40%
Independent Lab	Plan pays 100%	You pay deductible + 40%
Chemical Dependency/Mental Health		
Inpatient	You pay deductible + 20%	\$500 per admission, then you pay plan deductible + 40%
Outpatient – Physician's Office	\$40 copay	You pay deductible + 40%
Outpatient Facility	You pay deductible + 20%	You pay deductible + 40%
Prescription Drugs <i>(up to 30 day supply)</i>		
Generic	You pay \$15	
Preferred	You pay \$25	
Non-Preferred	You pay \$40	
Specialty Drugs <i>(30 day supply)</i>	Only available from Cigna Home Delivery Pharmacy	
Mail Order or Retail <i>(90 day supply)</i>	\$30/\$50/\$80	
Calendar Year Out-of-Pocket Limit*		
Individual	\$3,750	\$6,750
Employee + Child(ren)	\$7,500	\$13,500
Lifetime Maximum	Unlimited	
*Includes all copays, deductibles and coinsurance for medical and prescriptions.		

Cigna Basic Plan Medical Benefit Summary Plan

Benefit Features	Basic Plan	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$1,500	
Employee + Child(ren)	\$4,500	
Coinsurance	You pay 20% after deductible	You pay 40% after deductible
Office Visits <i>(includes lab and x-ray if performed in office)</i>		
PCP	\$35	You pay deductible + 40%
Specialist	\$50	You pay deductible + 40%
Urgent Care Center	\$50 copay (no deductible/coinsurance)	\$50 copay (no deductible/coinsurance)
Emergency Room Copay <i>(copay waived if admitted)</i>	\$100 copay + deductible	\$100 copay + deductible
Inpatient Hospital Services <i>(must be precertified or you will be penalized with a 50% reduction eligible benefits)</i>	You pay deductible + 20%	\$500 per admission, then you pay deductible + 40%
Preventive Care	Plan Pays 100%	You pay deductible + 40%
Chiropractic Care	\$50 copay	You pay deductible + 40%
Lab and X-ray		
Outpatient	You pay deductible + 20%	You pay deductible + 40%
Independent Lab	Plan Pays 100%	You pay deductible + 40%
Chemical Dependency/Mental Health		
Inpatient	You pay deductible + 20%	\$500 per admission, then you pay plan deductible + 40%
Outpatient – Physician's Office	\$50 copay	You pay deductible + 40%
Outpatient Facility	You pay deductible + 20%	You pay deductible + 40%
Prescription Drugs <i>(up to 30 day supply)</i>		
Generic/Preferred/Non-Preferred	You pay \$15	
Preferred	You pay \$50	
Non-Preferred	You pay \$75	
Specialty Drugs <i>(30 day supply)</i>	Only available from Cigna Home Delivery Pharmacy	
Mail Order or Retail <i>(90 day supply)</i>	\$30/\$100/\$150	
Calendar Year Out-of-Pocket Limit*		
Individual	\$4,500	\$7,500
Employee + Child(ren)	\$9,000	\$15,000
Lifetime Maximum	Unlimited	
*Includes all copays, deductibles and coinsurance for medical and prescriptions.		

Prescription Drugs

Spending on prescription drugs continues to be an important health care concern, particularly in light of rising pharmaceutical costs, the aging population, and increased use of specialty drugs. Each year, Action Pact reviews medical and pharmacy claims to help ensure we are controlling costs to you and to the agency as much as possible.

This year we will use **Cigna's Value Prescription Drug List**, a comprehensive list of medications that promotes the use of low-cost generics and preferred brands, and excludes some drugs that have over-the-counter (OTC) alternatives, helping you save money.

Cigna 90 NowSM

You can now get a 90-day supply of your maintenance medications at your local, retail pharmacy. See www.Cigna.com/Rx90network for participating retail pharmacy locations, including CVS, Walmart, Kroger, etc. *Note: Walgreens is not included in the 90-day supply, but you can still continue to fill 30-day prescriptions there.*

The Cigna 90 Now program can help you save money, gives you flexible fill options, and fewer trips to the pharmacy. You can also continue to use the Cigna Home Delivery Pharmacy to fill your maintenance medication in a 90-day supply.

Quantity Limits

Drug quantity limits are put in place to help ensure prescriptions meet the clinical appropriate quantity of dosing and duration of use and helps mitigate drug waste. For certain medications, your plan may only cover up to a certain amount over a certain length of time.

Prior Authorization

Some drugs have to be reviewed before a prescription is filled and before coverage is approved for the member. This step is called Prior Authorization. Prior Authorization is a way to help make sure drugs are used in the proper way and in doses that are right for each person, as recommended by the U.S. Food & Drug Administration (FDA).

Prior Authorization focuses mainly on drugs that may have:

- A chance of serious side effects or unsafe drug interactions
- A high chance of incorrect use or abuse
- Better choices that may cost less
- Rules for use with very specific conditions

How it works:

- If a drug calls for prior authorization, the pharmacy claim will initially be rejected.
- Typically, the pharmacist will request the approval of the drug & may need further information from your physician.
- The claim may be approved, denied or may be sent for further review.



Step Therapy

Step Therapy is a program that helps you and your doctor choose drugs that are right for you. Trying drugs in a step-by-step way is called Step Therapy. Certain drugs have been determined to be the best ones to start with to treat a condition. That's because they're proved to work well for most people, and they are often more affordable.

Some common medications included in Step Therapy are those used to treat: ADD/ADHD, Allergies, Bladder Problems, Breathing Problems, Depression, or Heartburn/Ulcers.

How it works:

- When your doctor prescribes a drug that requires step therapy, a message is sent to your pharmacy, letting the pharmacist know you must first try a different, similar drug that is covered by your plan.
- A letter will be sent to you and your doctor to give you specific steps to take before your next refill.

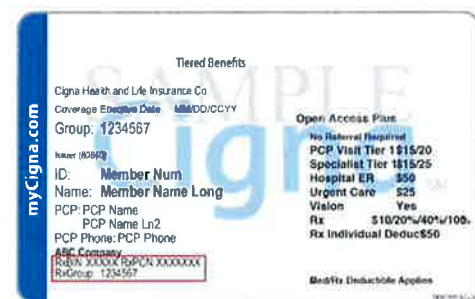
For more information on your pharmacy program, call **800-835-3784**, option 3, or log in to myCigna.com or the **myCigna App**.

USE YOUR NEW CIGNA ID CARD AT THE PHARMACY



To access your pharmacy benefits

- › **Use your new ID card every time you fill a prescription.** It has important information on it that the pharmacy needs to process your prescription.
- › **Replace your ID card when your new plan year begins.** Please continue to use your current ID card until then.
- › **Your pharmacists will need to use the BIN, PCN and Rx Group number on your ID card** to access your benefits and process your claim.
- › **You can access your ID card using the myCigna® App.** You can also download and print a temporary Cigna ID card from the **myCigna** website.
- › **Remind your pharmacy to update their files.** If your pharmacy denies your claim, ask them if they used these BIN and PCN numbers:
 - BIN – 017010
 - PCN – 0518GWH



Questions?

Call the number on your Cigna ID card. You can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.

Together, all the way.®



RelyMD – On Demand Medical Support



The American Medical Association says that 70% of doctor visits and 40% of emergency room visits can be avoided by telemedicine.

As a benefit eligible employee of Action Pact, you and your qualified dependents are eligible for this telemedicine service.

What is RelyMD?

RelyMD provides members with 24/7/365 on demand access to board certified physicians for diagnosis and prescriptions via telephone or video technology for common and acute illness.

There is no cost to you for using this service. It is 100% paid by Action Pact.

When do I use RelyMD?

- If you are considering ER or Urgent care for a non-emergency medical issue.
- Your primary care doctor is not available.
- Request prescriptions or get refills.*
- Traveling and in need of medical care.
- You want service now and you do not want to wait for an appointment.

**Prescriptions may be written when deemed clinically appropriate. No DEA controlled substances or those that may have the potential for abuse will be written.*

Common conditions treated:

- Cold / Flu
- Cough, Congestion, Sinus
- Urinary Tract Infection
- Allergies
- Nausea
- Constipation
- Pink Eye
- Rashes
- and many more...

Many simple short-term and long-term illnesses can be treated. Redirect ER and Urgent Care utilization to more appropriate modes of care.

Members Receive

- **Easy access:** Convenient, any time of day or night from the comfort of their home, consulting with U.S. based, licensed physicians, available 24/7/365 via telephone or video technology.
- **Quality care:** Consult with physicians to get medical advice, diagnosis, or prescription medications when appropriate.*
- **Online health tools:** Participants can share their personal health records with their regular physician as needed and keep access to notes from previous RelyMD visits.
- **Save money:** Avoid missing time away from work and paying costly co-pays or in-office physicians visits. No cost to the employee.

Call RelyMD Customer Care at 1-855-879-4332 or visit www.relymd.com.

Flexible Spending Accounts (iSolved)

What is a Flexible Spending Account?

Through our Flexible Spending Accounts (FSAs), you are able to set aside money, before it is taxed, to pay for eligible out-of-pocket costs for dependent and medical care expenses.

Your choices will be effective for the 2022 benefit plan year. We have provided a worksheet to help estimate your out-of-pocket expenses for eligible dependent care and/or healthcare costs. Once you calculate your annual FSA contribution, it will be deducted from your paycheck in equal amounts over the year.

Remember: You must make a new FSA election each plan year if you wish to participate.

Tax Break on Health Care/Dependent Care Expenses

- **Dependent Care FSA:** Anyone with children in day care knows that a sizable amount of the family's income is used for this expense. The same is true for those who must provide day care for a disabled spouse or parent. You may elect to contribute a maximum of \$5000 if you are single or if you are married and filing a joint tax return. If you are married and filing separate returns, you may elect to contribute a maximum of \$2,500 for the calendar year. Funds are available once they are deducted from payroll and deposited into your account.
- **Health Care FSA:** Our Associates' health care plan is a valuable benefit that provides coverage for many medical, dental, and vision expenses. Yet we all spend money every year for deductibles, copayments, and other out-of-pocket expenses our health plan doesn't pay. You may elect to contribute a maximum of \$2,000 for the plan year. The Healthcare FSA will reimburse your expenses as they occur, up to your elected contribution.

Keep these Important Rules in Mind

The following government restrictions apply to FSAs in order to give you pre-tax advantages: The IRS requires that any unused portion of your account balance remaining at the end of the year is forfeited. It is important to estimate your expenses carefully. There is a 90-day period after the end of the plan year to submit all expenses during the preceding year. Be sure to retain documentation from the provider should substantiation of your claim be required.

What Expenses are Eligible?

Log onto www.flex125.com for a list of the expenses that are eligible for reimbursement from your FSAs, provided:

- They are incurred during the FSA plan year.
- Dependent care expenses must be for children in daycare up to age 13 and adult family members who need daily care so that the husband and wife can both work.
- They are not eligible for reimbursement from any other source.
- You have available documentation from the provider of the services or supplies which shows the amount of each expense and the date it was incurred.

FSA Worksheet

You may enroll in one or both of the Flexible Spending Accounts, depending upon your needs. Use this worksheet to determine how much of your pay you wish to allocate to your FSAs each pay period.

Type of Expense	2021	2022
Medical Care		
Physical Exams		
Deductibles		
Copayments		
Immunizations		
Well-Baby Care		
Prescription Drugs		
Over the Counter Drugs*		
Dental Care		
Exams and X-Rays		
Orthodontics		
Crowns and Bridges		
Dentures		
Vision Care		
Exams		
Eyeglasses/Contacts		
Contact Lense Solution		
Other		
Total Eligible Medical, Dental, and Vision Expenses		
Total Day Care Expenses <i>(child or disabled adult)</i>		
* The Healthcare FSA will no longer reimburse participants for over-the counter medications purchased without a prescription.		

IRS Rule: You will be able to "roll over" up to \$550 of your healthcare benefit amount for use in the following plan year.

Flexible Spending Accounts (iSolved)

Questions about Healthcare FSAs

How much should I contribute to my Healthcare FSA?

Review your out-of-pocket medical expenses from last year. Use the worksheet on the previous page to help determine your annual medical expenses.

Can I change my election amount? You cannot change your election amount during the plan year unless you have a qualified family status change (marriage, divorce, birth of a child, adoption of a child, etc).

What is the time frame that claims can be reimbursed?

The Healthcare FSA allows claims incurred between January 1, 2022 and December 31, 2022 to be paid from your 2022 account. Claims must be submitted prior to March 31, 2023. You will forfeit any unused funds at the end of the plan year. Decide your election amount carefully and check your balance to ensure you spend your entire election amount. You will now be able to "roll over" up to \$550 of your healthcare benefit amount for use in the following plan year.

Can I participate if I have my spouse's insurance? Yes.

Can I use my FSA for my child's eligible health care expenses while my child is in college? Yes, as long as you are claiming your child as a dependent.

Can the FSA pay for my health insurance premiums? No.

What expenses can be reimbursed? In general, IRS approved Healthcare expenses not covered by another benefit plan are eligible for reimbursement through a FSA. Visit www.flex125.com to view eligible and ineligible items.

What happens if I retire or terminate employment during the plan year? In accordance with IRS regulations, you are permitted to submit claims for expenses incurred prior to your retirement or termination date if you elect FSA COBRA. Please refer to your employer's Summary Plan Description (SPD) for additional information regarding your specific plan rules. Any remaining balance in either of your plans will be forfeited. However, health care expenses incurred after you leave your employer are eligible for reimbursement if you continue making after-tax contributions by electing FSA COBRA.

Questions about Dependent FSAs

How much should I contribute to my Dependent Care FSA?

Review your out-of-pocket dependent daycare expenses from last year. Use the worksheet on the previous page to help determine your annual dependent daycare expenses.

Can I change my election amount? You cannot change your election amount during the plan year unless you have a qualified family status change (marriage, divorce, birth of a child, adoption of a child, etc).

What if I still have funds by the end of plan year? You will forfeit any unused funds at the end of the plan year. Decide your election amount carefully and check your balance to ensure you spend your entire election amount.

If I make an election for dependent care expenses, can I deduct these expenses from my tax return? No, the IRS does not permit "double dipping."

What expenses can be reimbursed? In general, IRS approved Healthcare expenses not covered by another benefit plan are eligible for reimbursement through a FSA. Visit the Ameriflex website at www.flex125.com to view eligible and ineligible items.

Can I submit claims after the end of the plan year? There's a 90-day grace period after the plan year ends to submit claims.

Can the FSA pay for my health insurance premiums? No.

What happens if I retire or terminate employment during the plan year? You may submit claims for expenses incurred prior to your retirement or termination date. Refer to the Summary Plan Description (SPD) for additional information. Any remaining balance will be forfeited. Dependent Care expenses incurred after leaving your employer are eligible for reimbursement if you continue making after-tax contributions through COBRA.

Can I transfer contributions between a Healthcare and Dependent Care FSA? No, the FSAs are separate accounts and contributions cannot be transferred between them.

What is the maximum amount I may contribute to my FSA(s)?

Each FSA has its own separate limit. IRS regulations limit the maximum amount you may contribute. Currently, the Dependent Care maximum is \$5,000 per family. The maximum you may contribute to the Healthcare FSA for the 2022 plan year is \$2,000.

All FSA participants will receive an iSolved Benefit Services debit card to pay for eligible expenses.

Dental Coverage (Cigna)

Dental benefits are available to you and your eligible dependent children to cover routine care such as exams, x-rays, and cleanings, as well as fillings, dentures, bridge work and periodontal care. In order to receive the highest level of benefits and pay the least amount out of your pocket, you need to access care from the providers who have elected to be part of the network.

The PPO does allow you to seek care from a provider who is not in the network. Just remember that if you make this choice, you may be required to pay a larger portion of the expenses out of your pocket, and the expenses may be subject to the Reasonable and Customary charging pattern for the area. This could also result in a greater out-of-pocket expense for you.

Note: No changes are allowed to your dental coverage during the plan year, except for a "qualifying life event." You may elect dental coverage during this open enrollment only with no waiting periods or late entrant penalties. If you do not participate in the Dental benefits with Cigna when initially eligible and later elect to participate, you may receive limited benefits for 12 months.

Dental PPO Plan Summary of Benefits	
Annual Deductible	\$50 per covered person <i>(max of 3 per family)</i>
Preventive Care	Plan pays 100%, no deductible
Basic Services	You pay 20% after deductible
Major Services <i>(crowns, bridges, dentures)</i>	You pay 50% after deductible
Annual Maximum	\$2,000 per person



To locate an in-network dental provider:

- Go to cigna.com.
- At top of page, click "Find a Doctor," and then click "Dental Directory."
- Enter your search criteria and click "Continue" to view results in your area.

Vision Coverage (Cigna)

Vision benefits are available to you and your eligible dependent children to cover lenses, frames, contacts and routine care such as exams, through the Cigna network of providers. You should stay within network to maximize your benefit and minimize your out-of-pocket expenses.

Vision Summary of Benefits		
Vision Care Services	In-Network	Out-of-Network
Routine Eye Exam <i>(every 12 months)</i>	\$20 copay	\$45 allowance
Frames <i>(every 24 months)</i>	\$20 copay, then \$120 allowance	\$66 allowance
Eyeglass Lenses (Standard) <i>(every 12 months)</i>	\$20 copay	\$32-\$80 allowance
Contact Lenses <i>(every 12 months)</i>		
Elective	\$120 allowance	\$100 allowance
Non-Elective	Covered in full	\$210 allowance



To locate an in-network vision provider:

- Go to cigna.com.
- At top of page, click "Find a Doctor," and then click "Vision Directory."
- Enter your search criteria and click "Continue" to view results in your area.

Your Medical, Dental, and Vision Contributions (per pay period)

12 Month Employees (26 pay periods)				
	Enhanced Medical	Basic Medical	Dental	Vision
Employee Only	\$50.00	\$25.00	\$0.00	\$0.00
Employee + Child(ren)	\$175.00	\$75.00	\$10.68	\$1.83



Basic Life and AD&D (New York Life)

If you are eligible for benefits, Action Pact automatically provides Basic Term Life Insurance and Accidental Death and Dismemberment coverages equal to a minimum of two times your basic annual earnings (to a maximum of \$175,000) at no cost to you. An accelerated life benefit is available for terminally ill members with limited life expectancy. This option allows the member to receive up to 50% of the benefit amount prior to death. Benefits reduce to 65% at age 65, 40% at age 70, 25% at age 75 and 15% at age 80.



Voluntary Term Life & AD&D (New York Life)

Voluntary Life provides the opportunity to supplement benefits provided by Action Pact. If you are young and have a family, you may want to consider purchasing additional Life Insurance at favorable group rates.

The Guarantee Issue amount is the maximum benefit amount of coverage available during your initial enrollment period with no medical information required. The Guarantee Issue amount for an employee is \$150,000 for those under age 70. If you do not enroll when you are initially eligible, or if amounts of coverage requested are greater than the Guarantee Issue amounts, you will be required to complete an Evidence of Insurability Form for approval by the insurance company. This form will ask about your medical history. In some cases, you may be asked to complete a physical and/or lab work at no cost to you.

While you are waiting to hear if you've been approved, you will still be insured for any amount up to the Guarantee Issue amount of \$150,000. If you leave Action Pact, you will be able to keep your life insurance in force by paying your premiums directly to Cigna. You may also purchase additional life insurance for dependents.

Note: For Voluntary Life, coverage will reduce to 65% at age 65, 40% at age 70, 25% at age 75, 15% at age 80. Spouse coverage terminates at age 70.

Calculating your Premium

To calculate your premium rates, please refer to the rate charts & formula used to calculate your premium below.

Monthly Rate Table per \$1,000 of Coverage* (includes life & AD&D)			
<30	\$0.10	50-54	\$0.57
30-34	\$0.11	55-59	\$0.87
35-39	\$0.16	60-64	\$1.34
40-44	\$0.27	65-69	\$2.20
45-49	\$0.39	70-74	\$3.47
Child Rate: \$0.21 per \$1,000			
*Spouse coverage is based on employee age. Coverage for the spouse terminates at spouse's age 70.			

How to Calculate your Voluntary Life Premiums

Example: Age 37 – Coverage Amount \$150,000

$$\$150,000/\$1,000 = 150 \times \$0.16 = \$24.00 / \text{month}$$

Voluntary Life Summary of Benefits			
	Benefit Amount	Benefit Maximum	Guarantee Issue
Employee	\$10,000 Increments	\$500,000	\$150,000
Spouse	50% of employee coverage	\$250,000	\$50,000
Children*	10% of employee coverage	\$10,000	\$10,000
*Children may be covered from age 6 months to age 26. (Birth to 14 days - \$500 benefit; 15 days to 6 months - \$1,000 benefit)			



Voluntary Short Term Disability (New York Life)

Short Term Disability (STD) is designed to provide compensation if you are unable to work because of a non-work related illness or injury.

Short Term Disability Summary of Benefits	
Benefits Begin	Day 15 following an accident or illness
Benefit Amount	60% of salary to a maximum of \$1,000/week
Maximum Benefit Period	11 weeks
Cost	Rates vary based on age and salary

Long Term Disability (New York Life)

Long Term Disability (LTD) provides a benefit if you become disabled and are unable to work. This coverage is provided by Action Pact at no cost to you.

Long Term Disability Summary of Benefits	
Benefits Begin	After 90 th day of disability
Benefit Amount	60% of monthly earnings
Maximum Monthly Benefit	\$5,000/month
Maximum Benefit Period	Social Security Retirement Age



Employee Assistance Program (New York Life)

New York Life through Life Assistance Program is a confidential free program that can help with:

- Education
- Dependent Care and Care Giving
- Legal and Financial
- Working Smarter
- Lifestyle and Fitness Management

You also have three face-to-face sessions with a behavioral health counselor available to you and your household members. Unlimited telephonic consultations available 24/7 at 800-538-3543. Or you can search for topics and resources at www.signalap.com.

Voluntary Supplemental Plans (Colonial Life Insurance Company)

If you are interested in these benefits, you will work with a Colonial representative to enroll.

Whole Life

Individual whole life insurance provides cash value protection to your family.

- Two plan options: Paid-Up at Age 65 Plan or Paid-Up at Age 95 Plan
- Death Benefit between \$5,000 - \$100,000
- Coverage is portable – you can keep this policy if you change jobs or retire
- Spouse & Children's Term Riders are available

Critical Care

Critical Care insurance helps your employees & their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as cancer, heart attack or stroke. It provides a lump-sum benefit to help with the out-of-pocket medical or non-medical expenses.

- Lump-sum Benefit:
 - Employee - \$5,000 to \$100,000
 - Spouse & Child – 50% of Employee's Amount
- Pays in addition to other insurance coverage
- \$50 Annual Health Screening Benefit
- Health Statements may be required & pre-existing condition limitations may apply.



Covered Conditions:	Percentage of Lump Sum
Cancer (Invasive) Heart Attack Major Organ/Kidney Failure Stroke	100%
Carcinoma in Situ Coronary Artery Bypass Graft	25%

Accident

Accidents can happen anytime, anywhere – at home or at work, on the playground or on the road. Group Accident insurance helps you fill some of the gaps caused by out of pocket expenses in the event of an accident.

- Pays you benefits for specific injuries & events resulting from a covered accident
- On & off the job accidents are covered
- Amount paid depends on the type of injury & the care you receive



Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.