Insperity®
HR that Makes a Difference™
WORKFORCE OPTIMIZATION®
2022
BENEFITS
BOOK
Freedom
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 2022. 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 at portal.insperity.com. 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 at 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 the Insperity Premier™ platform at portal.insperity.com.

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 from 7.am. 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 200 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 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 200 idiomas, desde español hasta tagalo.

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

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.

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.

Dependent eligibility

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

- Your spouse, common-law 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)

Complete eligibility information available online

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

Your wellbeing is our everything

To us, wellness encompasses the comfort, health, and happiness of the whole person. That's why when it comes to on-demand resources to support every aspect of your health, your Insperity benefits have you covered. Visit the Wellbeing On-Demand page on the Insperity Premier™ platform to access the complete range of support offered, from Optum® Live and Work Well and 24/7 telemedicine options for your physical and emotional health, to programs, tools, and opportunities to develop your financial, social, and professional health.

YOUR SOCIAL HEALTH

Optum Live and Work Well

- Caregiving
- Relationships
- Parenting
- Community
- Virtual volunteering opportunities
- Charitable giving
- Disaster relief

YOUR FINANCIAL HEALTH

- Retirement planning tools
- ID theft prevention and recovery
- Financial planning & coaching
- Legal advice and mediation
- Will creation
- Power of attorney
- Tax preparation

YOUR EMOTIONAL HEALTH

Optum Live and Work Well

- Work/life balance resources
- 24/7 live assistance from licensed counselors
- Behavioral health care provider search tool
- Virtual therapy options, including Talkspace and Sondermind®
- Stress management apps, including Sanvello™
- Substance use and recovery resources
- Crisis support

YOUR PROFESSIONAL HEALTH

Diversity, equity, and inclusion

- Learning resources
- Self-paced training
- Blog posts and articles

Insperity training and development

- Leadership and productivity resources
- Stress management
- Burnout support
- Blog posts and articles

YOUR PHYSICAL HEALTH

Resources available through your selected medical coverage carrier:

- 24/7 telemedicine options
- Wellness programs
- Weight management
- Nutrition counseling
- Tobacco cessation
- Condition management

MarketPlace™ Perks at Work Health and Wellness

- Gym memberships
- Fitness equipment
- Weight loss programs
- Wellness app subscriptions
- Virtual classes for meditation, yoga, Pilates and more

Insperity Safety Services

- Workplace safety webinars
- Workplace safety and health topics
- Ergonomic tips for working from home

Leading the way, taking care of our people

“

My parents recently lost their home to an electrical fire and I called the EAP program. It gave me huge peace of mind knowing I had access to Emergency Shelter Assistance.

Hayley M.
Insperity Employee

Optum® Live and Work Well

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

The Insperity Employee Assistance Program (EAP) is administered by Optum and offers a variety of resources to support every aspect of your health and wellbeing, including:

YOUR PHYSICAL HEALTH

- Licensed clinicians
- Chronic condition management
- Substance use disorder support
- Hospitalization
- Recovery

YOUR EMOTIONAL HEALTH

- Virtual and on-demand therapy, featuring Sondermind®, Sanvello™ and Talkspace
- Face-to-face counseling
- Crisis support
- Critical incident response
- Disaster recovery

YOUR SOCIAL HEALTH

- Childcare and Eldercare
- Pet resources
- Assistance for military and veterans
- Relocation assistance

YOUR FINANCIAL HEALTH

- Financial coaching and retirement planning
- Tax preparation
- ID theft prevention/recovery
- Legal consultation
- Trusts, wills, power of attorney

Access free EAP services

Many EAP services are available at no cost to Insperity employees and their dependents. Visit liveandworkwell.com and use access code Insperity, or call 866.402.0003 to learn more.

I (recently had) a major illness that required three surgeries with a lot of follow up treatment (while also) going through a divorce and caring for a sick parent. The EAP provided me with individual counseling, support group recommendations, a nurse that contacted me each week to check up on my care (at no cost to me), as well as legal services, financial planning and help with elder care.

Andrell G.
Insperity employee

Spotlight on Caregiving

Additional resources for caregivers available through Optum® Live and Work Well

If you are caring for an aging parent, or an ill or disabled family member, Optum can provide referrals for support groups, home health workers, nursing facilities, rehab centers, physical therapists and more.

Optum also offers caregiving resources for parents, including a childcare finder tool to locate day care, nannies, babysitters, and care for special needs children.

In-person classes are available on parenting, prenatal education, newborn care, stepfamilies, blended families and non-traditional families.

Additional resources include articles, podcasts, and webinars on topics such as positive discipline, coping with parenting stress, newborn care, and dealing with cyberbullying.

Access caregiver support

Access caregiver support tools and resources by logging in to liveandworkwell.com (access code Insperity), click, “find a resource” then select “Eldercare” or “Childcare.”

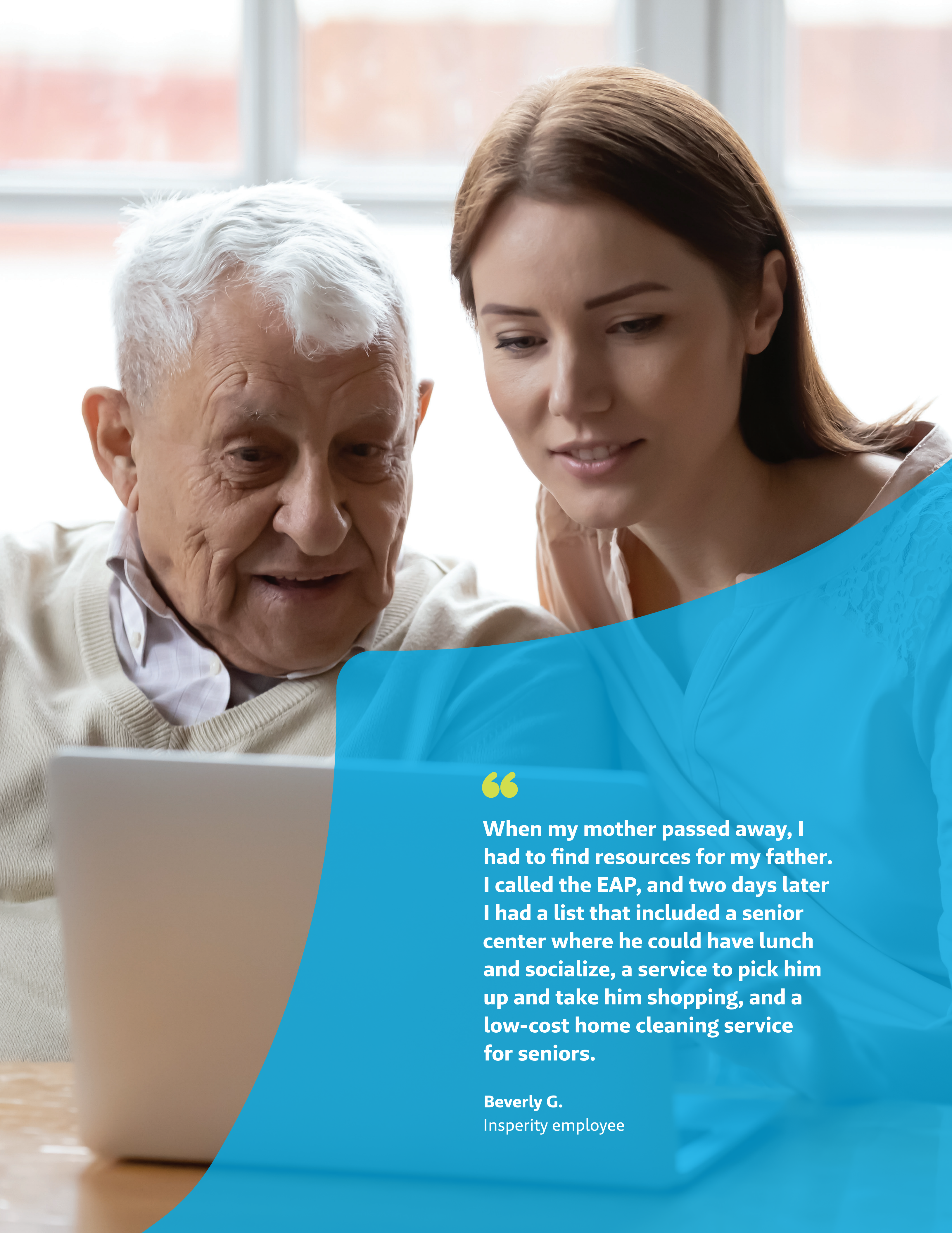
Caregiving Statistics

More than
3.9 million
caregivers provide care to adults with a disability or illness

61%
of caregivers have a full time job

45%
of caregivers have had at least one financial impact

Statistics sourced from the Family Caregiver Alliance (FCA)



> When my mother passed away, I had to find resources for my father. I called the EAP, and two days later I had a list that included a senior center where he could have lunch and socialize, a service to pick him up and take him shopping, and a low-cost home cleaning service for seniors.

Beverly G.
Insperity employee

MarketPlace Perks at Work

Wellbeing Resources on MarketPlace™ Perks at Work

Insperity 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
- Cell phone service
- 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
- COA Kids Club, an interactive after-school program for kids aged 5-16

To learn more, or to register for COA classes, log in to portal.insperity.com and click "MarketPlace."

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.

To enroll in the Insperity Commuter Benefits Program, log in to portal.insperity.com and select "Additional Benefits" under the "Benefits" page, then "Commuter Benefits" and "Access Now."

Do we have your current contact information?

Update your Insperity Premier™ profile with your current home address, email address, and phone number to ensure you don't miss enrollment opportunities and other important information about your Insperity benefits. Log on to portal.insperity.com, click on the arrow next to your name in the top right corner, and select "My Profile" to get started.

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(s). If you are adopting a child through private adoption or a licensed adoption agency, you may be reimbursed up to $1,500 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.

Applications for reimbursement, along with complete Program details and terms and conditions, are available on the Insperity Premier™ platform at portal.insperity.com. On the "Benefits" page, select "Additional Benefits," then "Adoption Assistance."

I'll never forget when we were looking at adopting and thinking we could never afford to become parents...then one day a friend told me about the Adoption Assistance Program. The assistance allowed us to start saving again for the next chapter in our life. It was truly a blessing to my family.

Mikel N.
Insperity employee

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.
These can include:

- **Up to $1,500 for approved undergraduate/graduate college courses** taken as part of a degree program at an accredited institution.

- **Up to $500 for approved continuing educational expenses** (including courses taken through a professional association, or at an accredited trade, vocational or business school).

The maximum benefit you may receive for courses completed in one calendar year is $1,500.

Please note that this Program does not apply to courses, seminars, or training provided or paid for by Insperity or a client company. Applications for reimbursement, along with complete program details, terms and conditions, are available on the Insperity Premier™ platform at portal.insperity.com. On the "Benefits" page, select "Additional Benefits," then "Educational Assistance."

Insperity Training and Development

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

- 5,000+ self-paced courses on business, safety, liability, productivity and IT topics
- 25,000+ books in online, audio and summary formats
- Leadership and productivity videos
- Targeted curriculums curated for key business topics
- External training/certification tracking
- Instructor-led virtual training
- Continuing education units on many courses

To learn more, log in to portal.insperity.com and select "Training."

I use the Educational Assistance Program every year to attend conferences and seminars related to my role. It's so awesome to be able to learn and grow in my field and be reimbursed by the company after attending!
Michelle K.
Insperity employee

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 for qualifying health care expenses incurred during the plan year.

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.

Elect $20 to $229.16 in monthly contributions, up to a maximum annual contribution of $2,750.

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. You can file claims for any eligible expenses incurred during the plan year through March 31 of the following year; however, unused funds do not roll over to the next plan year and will be lost.

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 from Nov. 1 to Dec. 31.

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 (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 your HSA balance once it reaches $2,100. There is a $100 minimum per investment. Learn more about available investment options at optumbank.com.

HSA contribution limits are $3,650 for employee-only coverage, and $7,300 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 the Insperity Premier™ platform. 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.

Talk to ALEX® before you enroll

Before you enroll, talk to our interactive decision support tool ALEX about your tax savings options. If you're enrolling in an HDHP coverage option, he'll walk you through the advantages of using an HSA vs. an FSA for your anticipated health care expenses, recommend an annual contribution amount, and calculate your potential tax savings. During your initial and annual open enrollment periods you can find ALEX on the Insperity Premier™ platform. Log in to portal.insperity.com and click "Start Now" next to Health Benefits, then select "Yes, help me find the best fit!" on the next screen.

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).

Disability benefits pay up to 60% of your covered earnings.

- **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 voluntary (100% employee-paid) AD&D insurance for yourself and any eligible dependents. Coverage in excess of the guaranteed issue amounts indicated below is subject to proof of good health.

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

Rates and details for voluntary coverage are available in the New York Life (formerly Cigna) Voluntary Benefits Book, or on the New York Life Group Benefits Solutions Benefits Guide site via portal.insperity.com.

Enrollment deadline

You must enroll within 30 days of becoming eligible for guaranteed issue amounts of voluntary life. This 30-day period will follow any required waiting period. Applications received after the 30-day guaranteed issue period, or applications for coverage over guaranteed issue amounts submitted at any time, are subject to proof of good health.

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. Your 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 your 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.

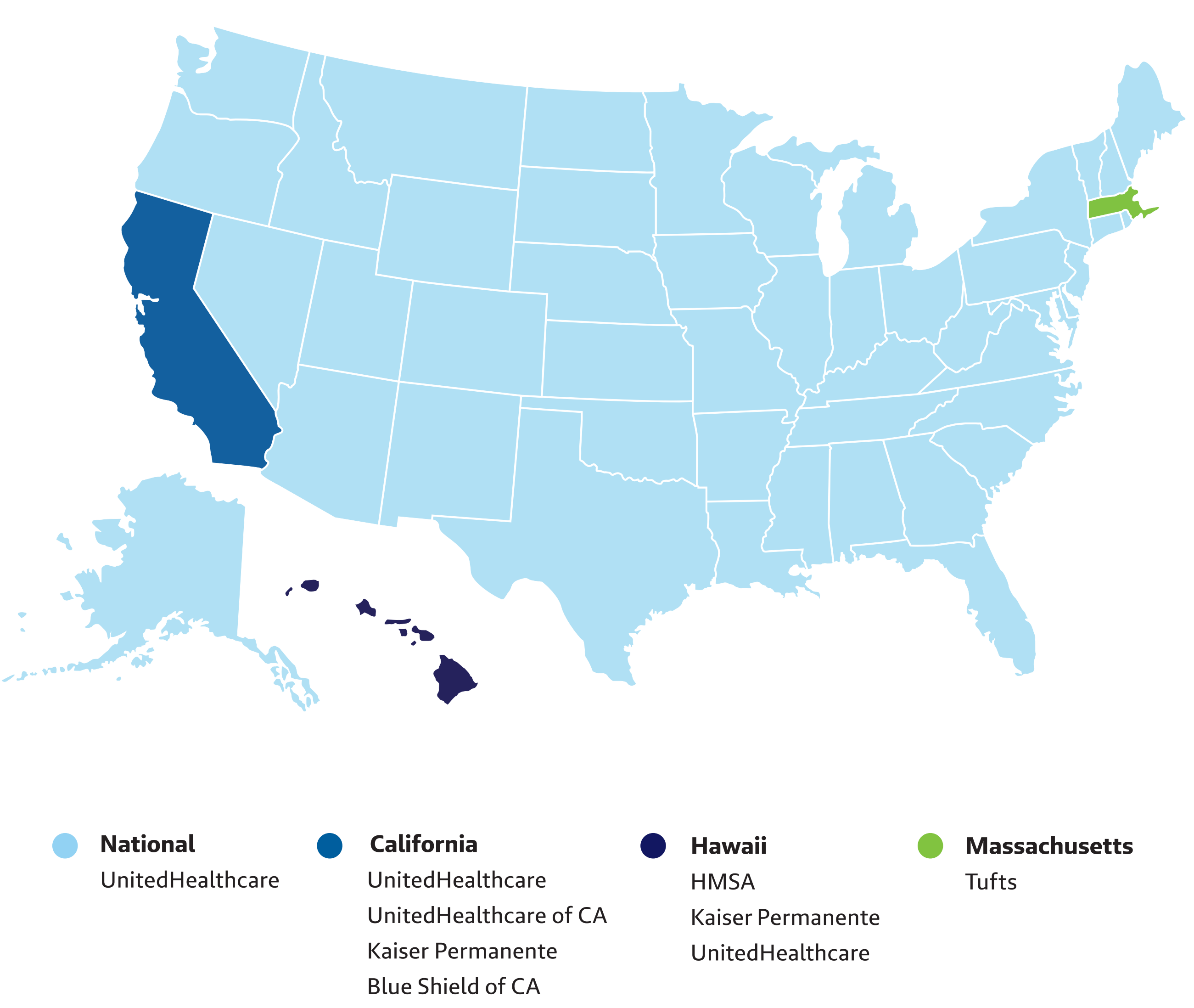
Your coverage effective date is the first day of your initial enrollment period for the Insperity Group Health Plan. **Any contribution amounts you may owe for retroactive coverage will be deducted from future Insperity paychecks.**

Talk to ALEX® before you enroll

Before you enroll, talk to our interactive decision support tool ALEX. He'll ask a few questions about your health care needs, crunch some numbers and point out what makes the most sense for you. During your initial and annual open enrollment periods, you can find ALEX on the Insperity Premier™ platform. Log in to portal.insperity.com and click "Start Now" next to Health Benefits, then select "Yes, help me find the best fit!" on the next screen.

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.



Log in to portal.insperity.com 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.

National medical coverage options

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

Medical (in-network)									
Coverage options		UHC Choice Plus 500/80	UHC Choice Plus 1000	UHC Choice Plus 1500	UHC Choice Plus 2500	UHC Choice Plus 6000	UHC Choice Plus HDHP 1500 (aggregate)	UHC Choice Plus HDHP 3000	UHC Choice Plus HDHP 5000
Coinsurance plan pays after deductible		80%	80%	80%	70%	100%	90%	90%	80%
Medical calendar-year deductible	Individual	$500	$1,000	$1,500	$2,500	$6,000	$1,500	$3,000	$5,000
	Family	$1,500	$3,000	$4,500	$7,500	$13,200	$3,000	$6,000	$10,000
Annual out-of-pocket maximum	Individual	$5,000	$4,500	$6,350	$6,850	$7,000	$4,000	$6,650	$6,650
	Family	$10,000	$9,000	$12,700	$13,700	$14,000	$7,350	$13,300	$13,300
Office visit		$35	$35	$35	$40	$40	10%	10%	20%
Specialist visit		$60	$60	$60	$70	$70	10%	10%	20%
Virtual visit		$0	$0	$0	$0	$0	10%	10%	20%
Urgent care		$75	$75	$75	$75	$75	10%	10%	20%
Emergency room		$250	$250	$250	$250	$500	10%	10%	20%
Outpatient surgery		20%	20%	20%	30%	0%	10%	10%	20%
Inpatient hospital		20%	20%	20%	30%	0%	10%	10%	20%
Pharmacy									
Prescription deductible	Individual	$100	$100	$100	$100	$200	Copays apply once medical deductible is met	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	$300	$300	$300	$300	$600			
Tier 1 copays	Retail	$10	$10	$10	$10	$10	$10	$10	$10
	Mail order	$25	$25	$25	$25	$25	$25	$25	$25
Tier 2 copays	Retail	$35	$35	$35	$35	$35	$35	$35	$35
	Mail order	$87.50	$87.50	$87.50	$87.50	$87.50	$87.50	$87.50	$87.50
Tier 3 copays	Retail	$60	$60	$60	$60	$60	$60	$60	$60
	Mail order	$150	$150	$150	$150	$150	$150	$150	$150
Tier 4 copays	Retail	$120	$120	$120	$120	$120	$120	$120	$120
	Mail order	$300	$300	$300	$300	$300	$300	$300	$300
Medical (out-of-network)									
Coinsurance plan pays after deductible		60%	60%	60%	50%	70%	70%	70%	60%
Medical calendar-year deductible	Individual	$1,000	$2,000	$3,000	$5,000	$12,000	$3,000	$6,000	$10,000
	Family	$3,000	$6,000	$9,000	$15,000	$16,400	$6,000	$12,000	$20,000
Annual out-of-pocket maximum	Individual	$10,000	$9,000	$12,700	$13,700	$14,000	$8,000	$13,300	$13,300
	Family	$20,000	$18,000	$25,400	$27,400	$28,000	$14,700	$26,600	$26,600

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. 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.

Wellbeing resources
for National coverage options

The wellbeing resources listed below are available through your insurance carrier.

MEMBER SERVICES SUPPORT
Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.
UnitedHealthcare: 866.873.3902

GET THE APP
Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.
myuhc.com: UnitedHealthcare app
werally.com: Rally Health app (wellness)

24/7 TELEMEDICINE AND NURSELINES
Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:
Teladoc®
AmWell®
Dr. on Demand
Optum Virtual Care

WELLNESS
Nutrition counseling, personalized wellness coaching, weight loss programs and more available under "Health Resources" at myuhc.com.
Rally® wellness coaches and interactive app
Quit for Life® tobacco cessation
Real Appeal® weight management

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 sometimes be balance billed to the participant by the provider.

Effective Jan. 1, 2022, UnitedHealthcare Choice Plus coverage options available through the Insperity Group Health Plan are subject to the No Surprises Act, which prohibits balance billing certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information and contact UnitedHealthcare Member Services with any questions.

California medical coverage options

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

Medical (in-network)							
Coverage options		**UHC of California HMO**	**Blue Shield of California HMO**	**Blue Shield of California Deductible HMO 1000**	**Kaiser Permanente HMO**	**Kaiser Permanente Deductible HMO 1000**	**Kaiser Permanente HMO HDHP**
Coinsurance plan pays after deductible		100%	100%	90%	100%	70%	90%
Medical calendar-year deductible	**Individual**	N/A	N/A	$1,000	N/A	$1,000	$2,800
	Family			$2,000		$2,000	$5,600
Annual out-of-pocket maximum	**Individual**	$3,000	$3,000	$6,050	$3,000	$6,050	$5,200
	Family	$6,000	$6,000	$12,100	$6,000	$12,100	$10,400
Office visit		$25	$25	$35	$25	$35	10%
Specialist visit		$50	$50	$50	$50	$50	10%
Virtual visit		$0	$0	$0	$0	$0	0%
Urgent care		$25	$25	$35	$25	$35	10%
Emergency room		$200	$200	10%	$200	30%	10%
Outpatient surgery		$125	$150	10%	$100	30%	10%
Inpatient hospital		$500	$500	10%	$250	30%	10%
Pharmacy							
Prescription deductible		Deductible does not apply	Deductible does not apply	$100 per member for select drugs	Deductible does not apply	$100 per member for brand drugs	Copays apply once medical deductible is met
Tier 1 copays	**Retail**	$10	$10	$10	$10	$10	$10
	Mail order	$25	$20	$20	$20	$10	$20
Tier 2 copays	**Retail**	$30	$25	$30	$30	$30	$30
	Mail order	$75	$50	$60	$60	$30	$60
Tier 3 copays	**Retail**	$50	$40	N/A	N/A	N/A	N/A
	Mail order	$125	$70				
Tier 4 copays	**Retail**	Rx 30% max $200	Rx 30% max $200	Rx 30% max $200	Rx 30% max $150	Rx 30% max $150	Rx 30% max $150
	Mail order	Rx 30% max $200	Rx 30% max $400	Rx 30% max $400	Rx 30% max $150	Rx 30% max $150	Rx 30% max $150
Medical (out-of-network)							
Coinsurance plan pays after deductible		N/A	N/A	N/A	N/A	N/A	N/A
Medical calendar-year deductible	**Individual** / **Family**	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

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. 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.

Wellbeing resources

for California coverage options

The wellbeing resources listed below are available through your insurance carrier.

MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

Blue Shield: 855.256.9404
Kaiser Permanente: 800.464.4000
UnitedHealthcare: 866.873.3902
UHC California HMO: 800.624.8822

GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

blueshieldca.com: Blue Shield of CA app
kp.org: Kaiser Permanente app
myuhc.com: UnitedHealthcare app

24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

Blue Shield: Teladoc®
Kaiser: kp.org or Kaiser Permanente app
UHC: Teladoc, AmWell®, Dr. on Demand and Optum Virtual Care

WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more.

Blue Shield: wellvolution.com
Kaiser: kp.org/wellnesscoach
UHC: myuhc.com

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.

In addition, effective Jan. 1, 2022, California regional HMO coverage options and national UnitedHealthcare Choice Plus coverage options available through the Insperity Group Health Plan are subject to the No Surprises Act, which prohibits balance billing in certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information and contact your carrier with any questions.

Hawaii medical coverage options

Choice-level packages

Medical (in-network)

Coverage options		UHC Options PPO	HMSA BCBS of Hawaii HMO	Kaiser Permanente HMO
Coinsurance plan pays after deductible		90%	90%	100%
Medical calendar-year deductible	**Individual**	$100	Deductible does not apply	Deductible does not apply
	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
Office visit		10%	$20	$20
Specialist visit		10%	$20	$20
Virtual visit		10%, no deductible	$0	$20
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 PPO	HMSA BCBS of Hawaii HMO	Kaiser Permanente HMO
Prescription deductible		N/A	$3,600 (Rx-only OOPM) $4,200 (Rx-only OOPM)	N/A
Tier 1 copays	**Retail**	$10	$7	$10
	Mail order	$20	$11	$20
Tier 2 copays	**Retail**	$15	$30	$35
	Mail order	$30	$65	$70
Tier 3 copays	**Retail**	$30	$30 + $45	$35
	Mail order	$60	$65 + $135	$70
Tier 4 copays	**Retail**	N/A	$100 | $200	$200
	Mail order		N/A	N/A

Medical (out-of-network)

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

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. 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.

Wellbeing resources

for Hawaii coverage options

The wellbeing resources listed below are available through your insurance carrier.

MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

HMSA: 800.776.4672
Kaiser: 800.966.5955
UnitedHealthcare: 866.873.3902

GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

hmsa.com: HMSA Online Care® app
kp.org: Kaiser Permanente app
myuhc.com: UnitedHealthcare app

24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

HMSA: HMSA Online Care app
Kaiser: kp.org or Kaiser Permanente app
UHC: Teladoc, AmWell®, Dr. on Demand Optum Virtual Care

WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more.

HMSA: hmsa.com
Kaiser: kp.org/wellnesscoach
UHC: myuhc.com

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 may sometimes be balance billed to the participant by the provider.

Effective Jan. 1, 2022, both regional HMO options and UnitedHealthcare coverage options available through the Insperity Group Health Plan are subject to the No Surprises Act, which prohibits balance billing in certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information and contact your carrier with any questions.

Massachusetts medical coverage options

Choice-level packages

Coverage options		Tufts CareLink Advantage PPO 500/80	Tufts CareLink Advantage PPO 1000	Tufts CareLink Advantage PPO 1500	Tufts CareLink Advantage Saver PPO HDHP 1500 (aggregate)	Tufts CareLink Advantage Saver PPO HDHP 3000 (aggregate)	Tufts Value HMO	Tufts Advantage Deductible HMO 1000	Tufts Advantage Deductible HMO 2000	Tufts Advantage Saver HMO HDHP 1500 (aggregate)	Tufts Advantage Saver HMO HDHP 3000 (aggregate)
Medical (in-network)											
Coinsurance plan pays after deductible		80%	80%	80%	90%	90%	100%	100%	100%	90%	65%
Medical calendar-year deductible	**Individual**	$500	$1,000	$1,500	$1,500	$3,000	N/A	$1,000	$2,000	$1,500	$3,000
	Family	$1,500	$3,000	$4,000	$3,000	$6,000		$2,000	$4,000	$3,000	$6,000
Annual out-of-pocket maximum	**Individual**	$5,000	$4,500	$6,350	$4,000	$4,000	$3,000	$5,000	$6,350	$4,000	$4,000
	Family	$10,000	$9,000	$12,700	$7,350	$7,350	$6,000	$10,000	$12,700	$7,350	$7,350
Office visit		$35	$35	$35	10%	10%	$25	$25	$30	10%	35%
Specialist visit		$35	$35	$35	10%	10%	$40	$40	$45	10%	35%
Virtual visit		$0	$0	$0	0%	0%	$0	$0	$0	0%	0%
Urgent care		$35	$35	$35	10%	10%	$25	$25	$30	10%	35%
Emergency room		$250	$250	$250	10%	10%	$250	$250	$250	10%	35%
Outpatient surgery		20%	20%	20%	10%	10%	$100	0%	0%	10%	35%
Inpatient hospital		20%	20%	20%	10%	10%	$500	0%	0%	10%	35%
Pharmacy											
Prescription deductible		N/A	N/A	N/A	Copays apply once deductible is met	Copays apply once deductible is met	N/A	N/A	N/A	Copays apply once deductible is met	Copays apply once deductible is met
Tier 1 copays	**Retail**	$10	$10	$10	$10	$10	$10	$15	$15	$10	$15
	Mail order	$20	$20	$20	$20	$20	$20	$30	$30	$20	$30
Tier 2 copays	**Retail**	$35	$35	$35	$35	$35	$30	$30	$30	$35	$30
	Mail order	$70	$70	$70	$70	$70	$60	$60	$60	$70	$60
Tier 3 copays	**Retail**	$60	$60	$60	$60	$60	$60	$60	$60	$60	$60
	Mail order	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120
Tier 4 copays		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medical (out-of-network)											
Coinsurance plan pays after deductible		60%	60%	60%	70%	70%	N/A	N/A	N/A	N/A	N/A
Medical calendar-year deductible	**Individual**	$1,000	$2,000	$3,000	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A	N/A
	Family	$3,000	$6,000	$8,000							
Annual out-of-pocket maximum	**Individual**	$10,000	$9,000	$10,000	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A	N/A
	Family	$20,000	$18,000	$20,000							

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. 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.

Wellbeing resources

for Massachusetts coverage options

The wellbeing resources listed below are available through your insurance carrier.

MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

Tufts HMO options: 800.462.0224
Tufts PPO and HDHP options: 866.352.9114

GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

mytuftshealthplan.com: Tufts Health Plan

24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

Teladoc®: mytuftshealthplan.com
Nurse24™: 866.201.7919

WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more.

mytuftshealthplan.com
866.201.7919

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.

Tufts 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.

Tufts CareLink Advantage PPO coverage options pay benefits for non-emergency, non-network services after the deductible is met and according to a Reasonable Charge payment methodology. Reasonable charges are determined based on Medicare relative values. Any difference between the amount billed by the non-network provider and the amount allowed by Tufts may be balance billed to the participant by the provider, unless the service occurred at an in-network facility and the member did not consent to care with the non-network provider.

Effective Jan. 1, 2022, Tufts coverage options available through the Insperity Group Health Plan are subject to the No Surprises Act, which prohibits balance billing in certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information, and contact Tufts Member Services with any questions.

Out-of-area medical coverage options

Choice-level packages

Medical (in-network)					
Coverage options		UnitedHealthcare out-of-area 500	UnitedHealthcare out-of-area HDHP 1500 (aggregate)	UnitedHealthcare out-of-area HDHP 3000	UnitedHealthcare out-of-area HDHP 5000
Coinsurance plan pays after deductible		80%	80%	80%	80%
Medical calendar-year deductible	Individual	$500	$1,500	$3,000	$5,000
	Family	$1,500	$3,000	$6,000	$10,000
Annual out-of-pocket maximum	Individual	$6,350	$4,000	$6,650	$6,650
	Family	$12,700	$7,350	$13,300	$13,300
Office visit		20%	20%	20%	20%
Specialist visit		20%	20%	20%	20%
Virtual visit		20%	20%	20%	20%
Urgent care		20%	20%	20%	20%
Emergency room		20%	20%	20%	20%
Outpatient surgery		20%	20%	20%	20%
Inpatient hospital		20%	20%	20%	20%
Pharmacy					
Prescription deductible	Individual	$100	Copays apply once medical deductible is met	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	$300			
Tier 1 copays	Retail	$10	$10	$10	$10
	Mail order	$25	$25	$25	$25
Tier 2 copays	Retail	$35	$35	$35	$35
	Mail order	$87.50	$87.50	$87.50	$87.50
Tier 3 copays	Retail	$60	$60	$60	$60
	Mail order	$150	$150	$150	$150
Tier 4 copays	Retail	$120	$120	$120	$120
	Mail order	$300	$300	$300	$300
Medical (out-of-network)					
Coinsurance plan pays after deductible		N/A	N/A	N/A	N/A
Medical calendar-year deductible	Individual / Family	N/A	N/A	N/A	N/A
Annual out-of-pocket maximum	Individual / Family	N/A	N/A	N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. 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.

Wellbeing resources

for out-of-area coverage options

The wellbeing resources listed below are available through your insurance carrier.

MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

UnitedHealthcare: 866.873.3902

GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

myuhc.com: UnitedHealthcare app
werally.com: Rally Health app (wellness)

24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

Teladoc®
AmWell®
Dr. on Demand
Optum Virtual Care

WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more available under "Health Resources" at myuhc.com.

Rally® wellness coaches and interactive app
Quit for Life® tobacco cessation
Real Appeal® weight management

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 sometimes be balance billed to the participant by the provider.

Effective Jan. 1, 2022, UnitedHealthcare coverage options available through the Insperity Group Health Plan are subject to the No Surprises Act, which prohibits balance billing in certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information and contact UnitedHealthcare Member Services with any questions.

Dental Benefits at a glance

Insperity 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 | 877.816.3596

Calendar-year deductible per person	Calendar-year maximum per person	Orthodontia lifetime maximum	Preventive and diagnostic services	Basic services	Major services	Orthodontic services
$50 $150 max per family	**$1,500** per year	**$1,500** to age 19 only	Plan pays **100%** no deductible	Plan pays **80%** after deductible	Plan pays **50%** after deductible	Plan pays **50%** no deductible

- 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, crowns, bridges, dentures, 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.
- There is no coverage for placement/replacement of dental implants, implant-supported crowns, implant-supporting structures, abutments, or prostheses.
- ID cards are issued when enrollment is processed.

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

Clear aligner therapy available through SmileDirectClub™

SmileDirectClub, which provides at-home clear aligner therapy for moderate orthodontic concerns, is part of the UnitedHealthcare Dental network. Covered services are available through the orthodontia benefit for enrolled dependents up to age 19. Visit smiledirectclub.com/uhc for more information.

Vision Benefits at a glance

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

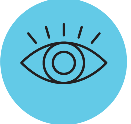
Benefit amounts shown below are for in-network services. The provider network is VSP Choice. The plan generally pays 100% of eligible expenses after the copay when network providers are used. Services from non-network providers must be paid at full cost by the participant at the time of service. A claim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

Vision Service Plan | vsp.com | 800.877.7195

WellVision® exam every 12 months	Glasses frames every 24 months	Single vision lenses every 12 months	Lined bifocal lenses every 12 months	Lined trifocal lenses every 12 months	Lenticular lenses every 12 months	Contact lens every 12 months
You pay **$15** copay	Plan pays up to **$130** for frames	You pay **$25** copay	You pay **$25** copay	You pay **$25** copay	You pay **$25** copay	Plan pays up to **$125** for lens/exam

- You may receive a benefit for either glasses (lenses only) or contact lenses per 12-month period, but not both.
- Benefits for frames are once every 24 months.
- Diabetic Eyecare Program Plus provides medical exams for diabetic eye disease, glaucoma, and age-related macular degeneration (AMD), as well as retinal screening for eligible members with diabetes, at a $20 copay. Limitations and coordination with medical coverage may apply.
- Retinal screening for non-diabetic members is covered on an as-needed basis after a $39 copay.
- Visually necessary contact lenses are covered 100% after a $25 copay upon review and authorization by VSP.
- Progressive, polycarbonate, tinted and photochromic lenses, as well as anti-reflective or scratch-resistant coatings and other lens enhancements, will generally receive a 20-25% discount off provider price after base lens copay.
- No ID card is required. Simply tell your network provider you are a VSP member.

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



VSP savings for your eyes and ears

Additional discounts and special offers for contact lens exams, LASIK, eyeglass frames, sunglass frames, diabetes care, and TruHearing™ digital hearing aids are available to VSP members. Visit 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.

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 the Insperity Premier™ platform at portal.insperity.com. 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.

Important Notices

Insurance policies

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

Governing documents

As sponsor of the Insperity Group Health Plan, Welfare Benefits Plan, and Health Care Flexible Spending Account (FSA) Plan, Insperity 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 Insperity 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, Insperity also provides enrolled individuals with a Summary of Material Modifications (SMM) that describes changes to the plans for the upcoming year.

Insperity 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 at portal.insperity.com. 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 Insperity 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 portal.insperity.com, including access to your insurer's website.

Enrollment

You and your eligible dependents may enroll in the Insperity Group Health Plan or Insperity 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. Insperity 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 portal.insperity.com for more information.

Special enrollment events

A special enrollment event may occur if you decline Insperity Group Health Plan coverage for yourself or your eligible dependent(s) (including your spouse) 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

As required by the Women's Health and Cancer Rights Act of 1998, Insperity Group Health Plan benefits are payable for covered expenses incurred by a person covered under the plan for mastectomy-related services 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; and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedema. These benefits are subject to the plan's regular copayments and deductibles.

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 on the next page. This contact information applies to each Plan within the arrangement.

Insperity Privacy Office
[Group Health Plan or Health Care FSA Plan]
19001 Crescent Springs Drive
Kingwood, Texas 77339-3802
877.804.8978

2022 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. If you currently have creditable prescription drug coverage under the Plan and you lose that coverage through no fault of your own, you will also be eligible for a two (2) month special enrollment period to join a Medicare drug plan.

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 join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join 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 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 join 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 be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit 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. Information about this extra help is available from the Social Security Administration (SSA) online at 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 join 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.