



P R O F E S S I O N A L S

BENEFITS 2024



What's Next?

What's New?

- BlueCross BlueShield is now called Highmark BlueCross BlueShield.
- The Employee Assistance Program has a new vendor (UpRise Health).

What's Staying the Same?

- BlueCross BlueShield is still the medical provider. The plan offerings are unchanged.
- Guardian will remain the ancillary lines carrier.

01 **REVIEW** the enrollment materials.

02 **CONFIRM** that all of your dependents still meet the definition of an eligible dependent under the plans.

03 **DECIDE** which specific plans make the most sense for you and your family.

04 **COMPLETE** your Open Enrollment elections



AP Professionals goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits. These programs are reviewed annually to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. As we enter a new plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family.

This guide contains a summary of the benefit plans offered. It is not the complete summary plan description. Please read this guide carefully so that you may make informed enrollment decisions. Additional enrollment and benefit information may be requested directly from the insurance carrier.

INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period:

- You will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).
- During a Special Enrollment Period known as "Qualifying Life Changes/Events": If an eligible employee experiences a "Qualifying Event", they may be eligible for a special enrollment period. Documentation may be required, and there is a strict 30-day window for changes to be submitted. Please notify Human Resources timely of changes to ensure you meet the 30-day window.

QUALIFIED EVENTS



- Marriage/Domestic Partnership
- Birth/Death/Adoption
- Involuntary Loss of other Coverage



- Divorce/Legal separation
- Reduction of hours of work





Medical Plan



Highmark - BlueCross BlueShield National PPO 6300 – OTO3

Benefit	PPO 6300 Copay	Employee Responsibility
Office Visit Copay	Deductible then \$30 - Primary Deductible then \$30 - Specialist	\$30 - Primary \$30 - Specialist
Single Deductible Family Deductible	\$2,000 \$4,000	\$0 \$0
Single Out of Pocket Max. Family Out of Pocket Max.	\$5,000 \$10,000	\$0 \$0
Coinsurance	0%	
Inpatient Copay (per admit)	Deductible then \$250 (no copay for maternity admits)	\$250
Emergency Room Copay	Deductible then \$150 (waived if admitted)	\$150
Outpatient Surgery Copay (facility)	Deductible then \$150	\$150
Urgent Care Center	Deductible then \$35	\$35
Pharmacy Plan	\$5/\$50/\$75	\$5 / \$50 / \$75
Benefit Cycle	Plan Year Benefits	
Dependent/Student	26/26	

* This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. Please check the contract or group plan for final information on your benefits and exclusions.



HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Nova – HRA



HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OVERVIEW

Nova Health Reimbursement Arrangement (HRA) is an employer funded reimbursement account that is designed to reimburse a portion of incurred qualified medical expenses subject to the deductible. The HRA will reimburse eligible expenses incurred by you and/or your dependents and will be tracked by dollar amount.

Employees who participate in the Highmark plan will be offered the following for reimbursement:

Medical	HRA Employer Contribution PPO 6300 (OTO3)
Individual	\$2,000
Family	\$4,000

MEDICAL EXPENSES SUBJECT TO THE DEDUCTIBLE

- After visiting a physician or facility a claim is billed by the provider to Highmark for payment.
 - PLEASE NOTE:** Your doctor may request payment in advance for services, you may pay out-of-pocket then submit a request for reimbursement to Nova. The amount you pay for at the time of service will count towards your deductible.
- Highmark processes the claim and applies the contracted, discounted rate to your deductible.
- Highmark will send you an Explanation of Benefits (EOB) and an electronic claim file to Nova with your deductible information.
- Nova will automatically process your HRA claim(s) based on the Highmark file data.
- Once you receive your Explanation of Benefits (EOB) from Highmark, you must complete a claim form and submit to Nova for reimbursement.
- You will be provided an HRA Debit Card offering an easier way to pay for and manage your incurred medical expenses.

PRESCRIPTION COPAYS ARE NOT ELIGIBLE

HRA REIMBURSEMENT

- Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts, as Nova reserves the right to substantiate expenses as well as the IRS.
- Once the claim(s) have been processed, you will receive a confirmation from Nova.
- The claim(s) will be paid by Nova for incurred expenses.
- Complete the employee portion of the claim form and include your deductible information.
- Submit copies of all bills, itemized receipts, and/or your Explanation of Benefits (EOB) to Nova for services incurred during the plan year. Your bills, itemized receipts, and EOB's must include the following:
 - Patient Name
 - Provider Name
 - Date of Service
 - Description of Service
 - Total Patient Responsibility
 - Total Cost of the Service

HRA CLAIM RUN-OUT PERIOD

Participants will have until March 31, 2025 to get reimbursed for qualifying claims incurred during the 2024 plan year.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



FLEXIBLE SPENDING ACCOUNT (FSA)

Nova – Health Care FSA & Dependent Care FSA



FLEXIBLE SPENDING ACCOUNT (FSA) OVERVIEW

Nova Flexible Spending Account (FSA) is an employer-sponsored account that allows you to set aside pre-tax dollars to pay for qualified health or dependent care expenses regardless of whether you are covered by your employer's medical plan. *It is important to plan carefully, as any unused funds over that amount are not returned to the employee per IRS, – "Use It or Lose It" Rule.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Participants may elect to contribute up to **\$3,050** on a pre-tax basis via payroll deductions throughout the plan year into an FSA. The full amount you select will be available to you on the first day of the plan year to use towards unreimbursed IRS eligible medical expenses (not covered or paid by any insurance) incurred by you, your spouse, and/or dependents.

EXAMPLES OF ELIGIBLE EXPENSES | Medical expenses, such as copays and deductibles for medical, prescription drugs, dental, prescription eye-glasses, etc.

DEPENDENT CARE ACCOUNT (DCA)

Participants may elect to contribute up to **\$5,000** on a pre-tax basis via payroll deductions throughout the plan year into a DCA. Funds can be used on any child under the age of 13 or any dependent who is physically or mentally unable to care for themselves.

DEPENDENT CARE GUIDELINES

- The care of the dependent must enable you and your spouse to be employed.
- The amount to be reimbursed must not be greater than you or your spouse's income, whichever is less.
- The services may be provided by a daycare facility that cares for 2 or more children simultaneously, the facility must comply with state and local daycare regulations.
- Services must be for the physical care of the child, not for education, meals, etc.; expenses for overnight camps and kindergarten are not eligible for reimbursement.

FSA REIMBURSEMENT

- Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts, as reserves the right to substantiate expenses as well as the IRS.
- Participants will be reimbursed by Mandatory Direct Deposit for manual claims or Debit Card for incurred expenses by completing a claim form and submitting it to Nova.

FSA CLAIM RUN-OUT PERIOD

Participants will have until March 31, 2025 to get reimbursed for qualifying claims incurred during the 2024 FSA plan year.

PLEASE NOTE: Once enrolled, you may not change your annual election amount. According to IRS regulations, you may only change your elections at the beginning of each plan year unless you experience a change in your family status.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan.

Please review your detailed policy for complete information.



QUALIFIED MEDICAL EXPENSES LIST

Flexible Spending Account (FSA)

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ▪ Acupuncture ▪ Alcoholism treatment ▪ Allergy shots and testing ▪ Ambulance (ground or air) ▪ Artificial limbs ▪ Blind services and equipment ▪ Car controls for handicapped* ▪ Chiropractor services ▪ Coinsurance and deductibles ▪ Contact lenses ▪ Crutches, wheelchairs, walkers ▪ Deaf services -- hearing aid/batteries, hearing aid animal & care, lip reading expenses, modified telephone, etc. ▪ Dental treatment ▪ Dentures ▪ Diagnostic tests ▪ Doctor's fees ▪ Drug addiction treatment & facilities | <ul style="list-style-type: none"> ▪ Drugs (prescription) ▪ Eye examinations and eyeglasses ▪ Home health and/or hospice care ▪ Hospital services ▪ Insulin ▪ Laboratory fees ▪ LASIK eye surgery ▪ Medical alert (bracelet, necklace) ▪ Medical monitoring and testing devices* ▪ Nursing services ▪ Obstetrical expenses ▪ Occlusal guards ▪ Operations and surgeries (legal) ▪ Optometrists ▪ Orthodontia ▪ Orthopedic services ▪ Osteopaths ▪ Oxygen/oxygen equipment ▪ Physical exams (except for employment-related physicals) | <ul style="list-style-type: none"> ▪ Physical therapy ▪ Psychiatric care, psychologists, psychotherapists ▪ Radial keratotomy ▪ Schools (special, relief, or handi- capped) ▪ Sexual dysfunction treatment ▪ Smoking cessation ▪ Surgical fees ▪ Television or telephone for the hearing impaired ▪ Therapy treatments* ▪ Transportation (essentially and primarily for medical care; limits apply) ▪ Vaccinations ▪ Vitamins* ▪ Weight loss programs* ▪ X-rays |
|---|---|---|

**if prescribed for a particular ailment or medical condition, provider letter required*

Important Notice about Over-the Counter (OTC) Medications

OTC medications require a doctor's prescription to be eligible for reimbursement

For that reason OTC medications cannot be purchased unless dispensed by a pharmacy using the same method as a standard prescription. If a manual claim is submitted for purchase of an OTC medication, both a copy of the prescription and the purchase receipt must be included to receive reimbursement. Non-Medicated OTC products (diabetes test strips, saline solutions, band-aids etc.) do not require a prescription. You can purchase these items and submit the purchase receipt for reimbursement.

ELIGIBLE OVER-THE-COUNTER (OTC) MEDICATIONS & PRODUCTS

COPY OF PRESCRIPTION AS WELL AS DETAILED RECEIPT REQUIRED FOR REIMBURSEMENT:

- Acne medications & treatments
- Allergy & sinus, cold, flu & cough remedies (antihistamines, decongestants, cough syrups, cough drops, nasal sprays, medicated rubs, etc.)
- Antacids & acid controllers (tablets, liquids, capsules)
- Antibiotic & antiseptic sprays, creams & ointments
- Anti-diarrheals
- Anti-fungals
- Anti-gas & stomach remedies
- Anti-itch & insect bite remedies
- Anti-parasitics
- Digestive aids

- Baby care (diaper rash ointments, teething gel, rehydration fluids, etc.)
- Contraceptives (condoms, gels, foams, suppositories, etc.)
- Eczema & psoriasis remedies
- Eye drops, ear drops, nasal sprays
- First aid kits
- Hemorrhoidal preparations
- Hydrogen peroxide, rubbing alcohol
- Laxatives
- Medicated band aids & dressings
- Motion sickness remedies
- Nicotine medications (smoking cessation aids)
- Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)
- Sleep aids & sedatives
- Wart removal remedies, corn patches

ELIGIBLE FOR REIMBURSEMENT WITH DETAILED RECEIPT ONLY (NO PRESCRIPTION REQUIRED):

- Breast pumps for nursing mothers
- Braces & supports
- Contact lens solution
- CPAP equipment & supplies
- OTC varieties of Insulin
- Diabetic testing supplies/equipment
- Durable medical equipment (power chairs, walkers, wheelchairs, etc.)
- Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)
- Non-medicated band aids, rolled bandages & dressings
- Reading glasses

All OTC items are examples. This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan.

Please review your detailed policy for complete information.



Wellness

Three ways Highmark BCBS makes it simple.



1

Nationwide access to providers through the BlueCard® program.

With your coverage, you get access to the largest physician and hospital networks in the U.S., with over 1.7 million providers, including 95% of hospitals.* And when you travel, you're covered in 190 countries. When we say big, we mean BIG.



2

Total support, day or night.

Whether it's 24/7 answers from registered nurses, access to a diagnosis or prescription over video visit, or just some help booking your doctor visits, when you need us, we're there.



3

Easy access to top-performing specialists.

Many of our network specialists have earned Blue Distinction status for their exceptional safety and results. That means great specialty care for you, across the board. Easy-peasy.

All your health care needs —

all in one place.

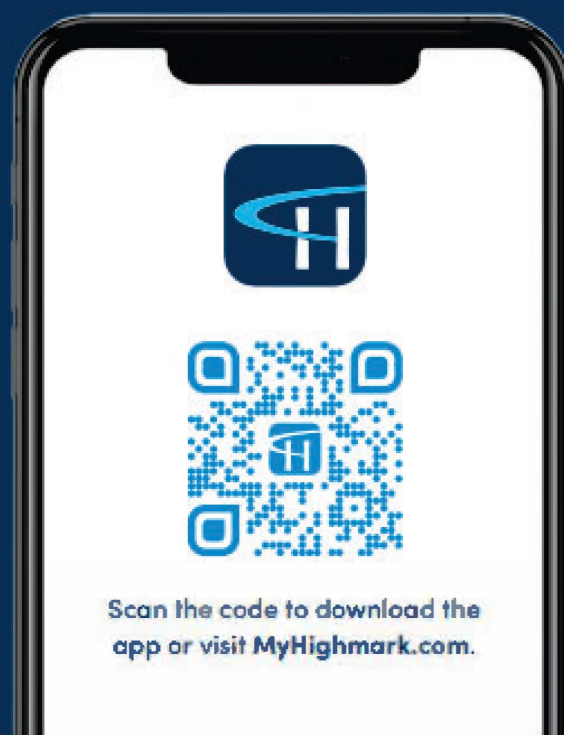
Introducing a new, simpler way to engage with Highmark. Whether on your phone or your laptop, My Highmark has everything you need to manage your benefits and reach your health goals — all in one place.

Download the My Highmark app or visit MyHighmark.com today.



Because Life.™

Get started with
My Highmark.



Scan the code to download the app or visit MyHighmark.com.

Find the right provider for you.

Having a PCP you can count on makes all the difference.



Your primary care provider (PCP) is your first line of defense and key to navigating the health care system. Over time, they'll get to know your health history, which helps them guide you and catch any changes or problems early.

If you're not sure where to start, our **Find a Doctor** tool makes it easy to search for an in-network PCP close to home. Here's how it works:



To find a PCP, visit highmark.com/bcbswny.



Select the **Find a Doctor or Pharmacy** tab.



Search by specialty, location, and more.

We can help with your search. Just call the number on the back of your member ID card and we can walk you through finding a PCP.



Because Life.™

Quick tip:

At your first appointment, talk to your PCP about virtual health options, so you can get care without even leaving home.

Dental





Dental Plan

	In-Network	Out-of-Network
Deductible - Applies to basic and major services only (waived for preventative)	\$50	\$100
Preventative Services Exams, Cleaning & X-rays	100%	100%
Basic Services Fillings, Simple Extractions	100%	80%
Major Services Oral Surgery, Root Canal, Crowns	60%	50%
Annual Maximum	\$1,000	\$1,000
Dependent Coverage	Age 26	Age 26
Orthodontia Services (Children only - \$1,000 Lifetime Maximum)	50%	N/A

* This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. Please check the contract or group plan for final information on your benefits and exclusions.

Did You Know?

Going to the dentist for regular check-ups and cleanings is one of the most important factors in maintaining good oral health. Regular check-ups can prevent cavities, root canals, gum disease, oral cancer, and other dental conditions. Don't wait until you have a problem before you see your dentist, help prevent problems before they happen.





Vision

Vision Plan

	In-Network	Out-of-Network
Eye Exam	\$20 Copay	Amount over \$50 after \$20 copay
Lenses (Single, Lined bifocal, Lined trifocal, Lenticular)	Covered in full after \$20 copay	Single - \$48 allowance after \$20 copay Lined Bifocal - \$67 after \$20 copay Lined Trifocal - \$86 after \$20 copay Lenticular - \$126 after \$20 copay
Contact Lenses Medically Necessary	Covered after materials copay	Covered up to \$210 allowance after \$20 copay
Contact Lenses Elective (instead of eyeglasses)	Covered up to \$130 allowance	Covered up to \$120 allowance
Frames - Allowance	\$130 allowance after \$20 copay	\$48 allowance after \$20 copay
Dependent Coverage	Age 26	Age 26
Vision Exam/Lenses or Contact Lenses	Once per calendar year	Once per calendar year
Frames	Every other calendar year	Every other calendar year

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Did You Know?

Improving your eyesight is important—about 11 million Americans over age 12 need vision correction—but it's just one of the reasons to get your eyes examined. Regular eye exams are also an important part of finding eye diseases early and preserving your vision.



Ancillary Benefits



Employer Paid Life Insurance

This coverage is employer paid. In the event of your passing, the policy pays out a predetermined sum to your designated beneficiaries.

	Employer Paid Life
Basic Life	100% of earnings to a maximum of \$50,000
Maximum Benefit	\$50,000
Benefit Reduction	Reduces 50% of original amount at age 70

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Voluntary Life Insurance

Voluntary life insurance is an optional insurance benefit offered to employees, allowing you to purchase additional life insurance beyond what the company provides. This coverage is 100% employee paid and premiums are paid through payroll deductions.

Voluntary Life	Employee	Spouse	Child(ren)
Increments	A: \$25,000 B: \$50,000 C: \$75,000 D: \$100,000	50% of employee election up to \$50,000	10% of employee election up to \$10,000
Guarantee Issue Amount	Under age 65: N/A Age 65-69: \$10,000 Age 70+: EOI required at any age	Under age 65: \$25,000 Over age 65: \$5,000 (Coverage terms at age 70)	N/A
Benefit Reduction at age 70	50%	N/A	N/A

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Did You Know?

Some people think they don't need voluntary life insurance because they're young and healthy, but that's exactly why they should get covered now. The younger you are, the lower your premiums will be.



Voluntary Short-Term Disability

Voluntary short-term disability coverage is an optional income replacement benefit, that provides a percentage of pre-disability earnings on a weekly basis when employees are out of work on a disability claim. Premiums are paid on a payroll deduction basis.

Class Description	All active full-time employees (30 hours)
Weekly Benefit Amount	60% of basic weekly earnings
Maximum Weekly Benefit	\$1,500
Elimination Period	Accident – 7 days
	Sickness – 7 days
Benefit Duration	13 Weeks

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Voluntary Long-Term Disability

Purchasing long-term disability coverage is vital for securing your financial future. In the event of a serious illness or injury that prevents you from working for an extended period, this coverage provides a steady stream of income, ensuring you can meet your daily living expenses and maintain your quality of life. Without it, you risk depleting your savings or facing financial hardship, especially if your disability is long-lasting. Long-term disability coverage offers peace of mind, safeguarding your economic stability when you need it most.

Monthly Benefit Percentage	60% of basic monthly earnings
Monthly Benefit Amount	Up to \$6,000 per month
Maximum Benefit Duration	To age 65
Social Security Integration	Full Family
Chemical Dependency & Mental/Nervous	24 Months
Survivor Benefit	3 Months
Elimination Period	90 Consecutive Days
Pre-Existing Condition	3 Month Look Back; 12 Months Covered
Disability Definition	2 Year Own Occupation then Any Occupation

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401 (K) COVERAGE OVERVIEW

To help you prepare for the future, AP Professionals sponsors a 401(k) plan as part of its benefits package. As an employee you are eligible to enroll after 90 days of hire. Eligible employees will receive notification from Paycom with enrollment information.

If you have questions regarding your investments and options, our Financial Advisor is Matthew Pitti (with Wells Fargo). Phone number is: (585) 337-4000 or m.pitti@thepittigroup.com.

Plan Type:

VOYA (ING)

Effective Date:

90 days of employment on the following quarter

Benefits You Receive:

By contributing to a 401K traditional plan on a pre-tax basis, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan. You also have the option to contribute to a post-tax Roth plan or you may participate in both a traditional and Roth plan.

Contributions as well as allocations can be changed anytime (even daily).

Maximum Contribution:

For the 2024 calendar year you may contribute anywhere from 1 - 96% for a max of \$23,000 for the year.

The 401K Catch up plan for employees age 50 and older allows for an additional \$10,000 in contributions for the 2024 calendar year

Employee Cost:

Employee allocated, percentage of pay

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



Employee Assistance Program Overview

Our comprehensive Employee Assistance Program, available through Uprise Health, provides you and your family members with confidential, personal and online/web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program (EAP) consultative services

- Online modules and coaching — learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions
- Telephonic counseling — unlimited, 24/7 consultations with master's and doctoral-level counselors
- Face-to-face counseling — up to 3 visits per employee/household member per issue, per year
- Bereavement — support available through telephonic or face-to-face sessions; online resources available on EAP website
- EAP website resources — comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website
- College planning resources — expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA Work/Life assistance and resources
- Work/Life services — unlimited 24/7 access to Work/Life specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work and life responsibilities
- Child and elder care referral — unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)
- Employee discounts — access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Employee Assistance Program

Connect to a counselor
for complimentary
support services

Phone: 1-800-386-7055

Available 24 hours a day,
7 days a week*

Web: worklife.uprisehealth.com

(Access code: worklife)

 **Guardian**[®]

 **uprisehealth**



Medical, Dental & Vision Pricing

Medical	Highmark – BlueCross BlueShield
<u>Tier</u>	<u>PPO 6300 Copay (Bi-weekly Cost) – 26 pays</u>
• Single	\$0.00
• Family	\$0.00

Dental	Guardian
<u>Tier</u>	<u>Dental Guard (Bi-weekly cost) – 26 pays</u>
• Single	\$0.00
• Family	\$26.01

Vision	Guardian
<u>Tier</u>	<u>VSP Vision (Bi-weekly cost) – 26 pays</u>
• Single	\$3.33
• Family	\$7.17



PROFESSIONALS

Voluntary Life Costs

Life / AD&D	Guardian
Basic Life / AD&D	100% Employer Paid
Supplemental Life	Monthly Cost
<u>Age</u>	
30-24	\$0.09
35-39	\$0.12
40-44	\$0.15
45-49	\$0.22
50-54	\$0.36
55-59	\$0.64
60-64	\$0.89
65-69	\$1.64
70-74	\$2.89
75-79	\$64.70
80-84	\$13,240
85-89	\$21,530
90-94	\$33,910
95-99	\$51,770
Child(ren)	\$0.16

CALCULATING SUPPLEMENTAL LIFE

To calculate your cost per pay period, please use the following for yourself and your spouse (Calculate Spouse Individually):

$$\frac{\text{Benefit Amount}}{1,000} = \text{_____} \times \frac{\text{Monthly Life Rate}}{\text{_____}} = \$ \frac{\text{Monthly Cost}}{\text{_____}} \times 12 = \frac{\text{Yearly Cost}}{\text{_____}} \div 26 = \frac{\text{Cost Per Pay Period}}{\text{_____}}$$

To calculate your cost per pay period, please use the following for Child(ren):

$$\frac{\text{Benefit Amount}}{1,000} = \text{_____} \times \frac{\$0.160}{\text{Monthly Life}} = \$ \frac{\text{Monthly Cost}}{\text{_____}} \times 12 = \frac{\text{Yearly Cost}}{\text{_____}} \div 26 = \frac{\text{Cost Per Pay Period}}{\text{_____}}$$

To calculate your total cost for your family per pay period please use the following:

$$\frac{\text{Employee Cost Per Pay period}}{\text{_____}} + \frac{\text{Spouse Cost Per Pay Period (if applicable)}}{\text{_____}} + \frac{\text{Child(ren) Cost Per Pay Period (if applicable)}}{\text{_____}} = \$ \frac{\text{Total Cost Per Pay Period}}{\text{_____}}$$



Voluntary Short Term and Long-Term Disability Costs

Short Term Disability	Monthly Cost
<u>Age</u>	<u>Per \$10 Benefit</u>
Under 25	\$0.35
25-29	\$0.46
30-34	\$0.61
35-39	\$0.46
40-44	\$0.39
45-49	\$0.41
50-54	\$0.48
55-59	\$0.59
60-99	\$0.87

Long Term Disability	Monthly Cost
<u>Age</u>	<u>Per \$100 Benefit</u>
Under 25	\$0.14
25-29	\$0.15
30-34	\$0.19
35-39	\$0.27
40-44	\$0.42
45-49	\$0.72
50-54	\$1.05
55-59	\$1.18
60-99	\$0.83

CALCULATING SHORT TERM DISABILITY

To calculate your monthly cost, please use the following:

$$\frac{\text{Your Annual Earnings}}{\div 52 =} \times .6 = \frac{\text{Your Weekly Earnings}}{\div 10 =} \times \$ \frac{\text{Weekly Benefit}}{\div 10 =} \times 12 = \$ \frac{\text{Yearly Cost}}{\div 26 =} = \frac{\text{Cost Per Pay Period}}{\div 26 =}$$

CALCULATING LONG TERM DISABILITY

To calculate your monthly cost, please use the following:

$$\frac{\text{Your Annual Earnings Maximum}}{\div 12 =} \times \frac{\text{Your Monthly Earnings}}{\div 100 =} \times \frac{\text{Monthly Rate}}{\div 100 =} = \$ \frac{\text{Monthly Cost}}{\div 12 =} \times 12 = \$ \frac{\text{Yearly Cost}}{\div 26 =} = \frac{\text{Cost Per Pay Period}}{\div 26 =}$$

Compliance Documents

CHIP Model Notice

Required Annual Notice



 SCAN ME



 SCAN ME



P R O F E S S I O N A L S