



ACRISURE  
CALIFORNIA

# 2020 BENEFIT ENROLLMENT GUIDE

YOUR GUIDE FOR CHOOSING BENEFITS



ACRISURE

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## NEW BENEFITS ADMINISTRATOR



*To materially improve service levels and overall experience, we will move to a direct partnership with Aetna starting in 2020, replacing HealthScope.*

*We are excited about what this partnership means for you:*

### BETTER NETWORK AND ADDITIONAL ACCESS POINTS

- Aetna saves its best network (POS II) for direct partnerships with clients; this network provides you access to even more of the best doctors in your area
- Aetna's partnership with CVS allows access to its MinuteClinic network, the largest provider of retail health care in the United States, which gives many of you an additional, cost-effective and convenient option for basic health care needs

### CONCIERGE SERVICE

*(a no-cost benefit that will materially improve your experience compared to prior years)*

- This free Aetna-provided resource can be your dedicated one-stop resource for all questions as you navigate the health care system, which fixes the top pain point from our recent past
- Even when your question is on an issue covered outside Aetna's reach (e.g. your question turns into a pharmacy need with Express Scripts), our dedicated Concierge team will provide a warm handoff to the relevant partner, which further improves your user experience

### AETNA IN-TOUCH CARE

*(an exclusive no-cost benefit provided to us as a high-growth company)*

- When your health care needs become severe and/or long-term, a second-level concierge team takes a care management approach to help you navigate complex decisions and improve your health
- Once assigned, the nurse within the care management team will remain your point-of-contact permanently, providing a comfortable and knowledgeable partner

## WHAT'S NEXT

***Open Enrollment will take place November 11-22***

# ENROLLMENT INSTRUCTIONS

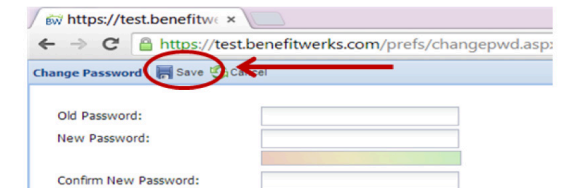
**1** Go to [www.BenefitWerks.com](http://www.BenefitWerks.com) and click **“LOGIN”** in upper right corner



The screenshot shows the BenefitWerks website with the 'LOGIN' link circled in red in the top right corner. Below, the login form is titled 'Please login below with your account information.' It includes fields for Username, Password, and Company, with a 'LOGIN' button circled in red.

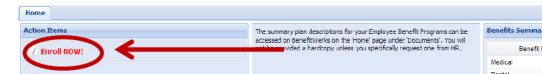
**2** Fill in information:  
Username: **last name + last 4 digits of SSN**  
(no spaces, ex: smith7049)  
Password: **Password123** (Capital “P”)  
Company: **Acrisure**

**3** Set a new password:  
Old Password: **Password123** (Capital “P”)  
New Password: (note a “New Password Must:” section will appear to the right with criteria)  
Click **“SAVE”** on the top left corner in the blue bar  
**Write down your new password:** \_\_\_\_\_



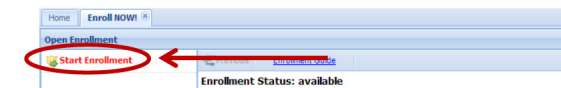
The screenshot shows the 'Change Password' page with the 'Save' button circled in red in the top left corner. The form includes fields for Old Password, New Password, and Confirm New Password.

**4** Click on the red **“Enroll NOW!”** link in the top left box titled Action Items



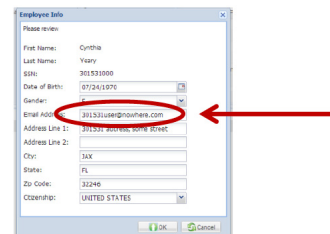
The screenshot shows the 'Action Items' section with the 'Enroll NOW!' link circled in red. A red arrow points to the link.

**5** Click the **“Start Enrollment”** link at the top left side of the page



The screenshot shows the 'Start Enrollment' link circled in red in the top left corner. A red arrow points to the link.

**6** Verify personal information and enter your work Email address.



The screenshot shows the 'Employee Info' form with the email address field circled in red. A red arrow points to the field.

# ENROLLMENT INSTRUCTIONS

**7** If you want to cover dependents (spouse and children) for any benefit plans, now is the time to add them.

To add a dependent, click **"Add Dependent"** and a screen will pop up for you to enter their information. The required fields are outlined in red and must be completed in order to move forward. Once complete, click **"OK"**

*Note: If you do not have your dependent's SSN, choose **"I don't know my dependent's SSN"** and remember to log in at a later date to enter the number.*

Once you have completed entering your dependents or if you do not need to set up any dependents, click **"Save and Continue"** to move to the next screen.

**8** As you move through each page, read the instructions at the top of the page, make your election, and click the **"Save and Continue"** button to move forward

**9** When you're finished making your elections, click **"Click here to Submit your enrollment"**

You will be required to enter your NEW password as an electronic signature.

## STARTED ENROLLING AND STILL HAVING TROUBLE?



(616) 541-1300 or (800) 490-9968  
AgencyHR@acrisure.com

The Ask HR phone line is monitored Monday through Friday from 8 a.m. to 5 p.m. EST. Please leave a message if your call is not answered and we will return your call no later than the close of the following business day.

## WHAT SHOULD I USE BENEFITWERKS FOR ASIDE FROM ENROLLMENT?

BenefitWerks is your one-stop-shop for benefits information. You can access the site 24/7.

### On it you will find:

- Benefit Plan Summaries
- Enrollment Guide
- Important Government Notices

### You can also update the following:

- Personal/Contact Information
- Beneficiaries
- Qualifying Life Events



# 2020 PER-PAY CONTRIBUTIONS - Acrisure California

**Paid Bi-Weekly?** All deductions will come out of 24 payrolls. **Paid Semi-Monthly?** All deductions will come out of 24 payrolls.

Medical Plan											Election Amounts
Plan	Single		Employee + Spouse		Employee + Child(ren)			Family			
PPO 500	\$112.80		\$379.81		\$281.40			\$604.02			
PPO 1500	\$81.08		\$304.66		\$219.33			\$499.10			
PPO HSA 1500	\$81.36		\$293.00		\$221.31			\$456.31			
PPO HSA 4000	\$23.07		\$154.91		\$107.24			\$263.51			
Kaiser HMO Slice	\$82.49		\$303.28		\$223.89			\$483.90			
Kaiser HSA HMO 1500	\$47.39		\$222.26		\$166.60			\$348.89			
Kaiser HSA HMO 2800	\$19.45		\$126.46		\$87.55			\$214.98			
Health Savings Account											
Health Savings Account (\$3,550 Max for single, \$7,100 for family)											
Flexible Spending Accounts											
Health Care FSA (\$2,700 Max)											
Limited Purpose Health Care FSA (\$2,700 Max)											
Dependent Care FSA (\$5,000 Max, \$2,500 if married filing separately)											
Dental Plan											
Plan	Single		Employee + Spouse		Employee + Child(ren)			Family			
Enhanced Plan	\$5.98		\$13.76		\$11.37			\$19.20			
Core Plan	\$2.78		\$6.40		\$5.29			\$8.94			
Vision Plan											
Plan	Single		Employee + 1		Family						
Vision	\$5.40		\$8.25		\$14.79						
Voluntary Benefits											
Voluntary Life Insurance Per \$1,000 (Some rates are rounded, actual rates will be calculated for you in BenefitWerks)											
Age	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	
Employee	.025	.037	.058	.095	.144	.218	.357	.644	.906	1.960	
Spouse	.025	.037	.058	.095	.144	.218	.357	.644	N/A	N/A	
Dependent Child	.10 Per Unit Premium covers all dependent children regardless of the number of children.										
Total Deductions Per Paycheck The amount of coverage elected must not exceed the amount of your compensation from Acrisure											

# GENERAL INFORMATION

## ELIGIBILITY

If you are a full-time employee working 30 or more hours per week, you, your spouse and children under age 26 are eligible to enroll in the benefits described in this guide.

### WHEN TO ENROLL

New Hires - between your hire date and your first pay date you will be activated in BenefitWerks. Once activated, you may enroll in benefits until the day before you are eligible to begin benefits ("Initial Enrollment Window").

The elections you make during your Initial Enrollment Window will remain in effect until December 31, 2020. After your Initial Enrollment, you will not be able to enroll in benefits or change your elections until the next open enrollment window, unless you experience a qualifying life event.

### HOW TO ENROLL

Acrisure will continue to utilize the BenefitWerks online enrollment system this year. You can log in to view your benefit elections and access plan information 24/7 throughout the year. Please note: All passwords have been reset for BenefitWerks; the instructions provided in this guide can be followed.



[www.BenefitWerks.com](http://www.BenefitWerks.com)

## QUALIFYING LIFE EVENT

When a Qualifying Life Event occurs, you have 30 days from the date of the event to report the change and complete enrollment changes in BenefitWerks. If you report the event outside of the 30 day window, you will not be able to make changes until the next open enrollment period for the effective date of the following plan year.

### Qualifying Life Events include:

- Relocation from one Acrisure Plan Region to another
- Marriage or divorce
- Birth or adoption of a child
- Death of spouse, child or other qualified dependent
- Dependent becoming ineligible for coverage
- Change in spouse's employment status

**Qualifying Life Events are effective on the date of the event.**

## CONTINUING COVERAGE

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

# MEDICAL/RX INSURANCE

Search for in-network providers at [www.aetna.com/docfind](http://www.aetna.com/docfind) and select **Aetna Choice POS II**

For complete coverage details, the official plan documents are located in BenefitWerks under Company Documents

## AETNA PLAN SUMMARY COMPARISON

	PPO 500		PPO 1500		PPO HSA 1500		PPO HSA 4000	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Deductible	\$500	\$1,000	\$1,500	\$3,000	\$1,500	\$3,000	\$4,000	\$8,000
Annual Out-of-Pocket Max	\$2,000	\$3,500	\$4,000	\$7,000	\$4,000	\$7,000	\$6,500	\$13,000
Primary Care Office Visit	\$30 copay		\$30 copay		20% after deductible		20% after deductible	
Specialist Office Visit	\$45 copay		\$45 copay		20% after deductible		20% after deductible	
Hospital Services	20% after deductible, unlimited days							
Emergency Room	20% after deductible							
Urgent Care	\$45 copay		\$45 copay		20% after deductible		20% after deductible	
Rehab/Habilitative Therapy	\$30/\$45 copay		\$30/45 copay		20% after deductible		20% after deductible	
Maternity	First maternity visit is covered at 100%							
Pre & Post Natal Care	\$30 to 4 copays		\$30 to 4 copays		20% to 4 copays		20% to 4 copays	
Maternity Delivery & Hospital Services	20% after deductible							
Diagnostic Testing - Office (labs, simple X-ray)	\$30/\$45 copay		\$30/\$45 copay		20% after deductible		20% after deductible	
Diagnostic Testing - Outpatient (labs, MRI, CT, X-ray)	20% after deductible							
Imaging Services (includes MRI, CAT Scans, PET Scans, CT/CTA and Nuclear Cardiac Studies)	20% after deductible							

For HSA plans, the individual deductible only applies to employee only coverage.

Prescription Drug Coverage	Amounts
Generic	\$10
Brand - Preferred	\$50
Brand - Non-Preferred	\$100
Specialty - Preferred & Non-Preferred	\$200

**Note for HSA plans: Rx Copays only apply after the deductible has been met.**

For complete coverage details, please see the official plan documents located on BenefitWerks under Company Documents.

# MEDICAL/RX INSURANCE

The medical benefits that are offered through Kaiser include a traditional HMO plan and two High Deductible Health Plans (HDHPs) which can be used in conjunction with a Health Savings Account (HSA). While services are covered with both in-network and out-of-network providers, you will receive the highest cost savings by visiting an innetwork provider.

The chart below shows a side-by-side comparison of what you would pay with in-network providers on each plan.

## KAISER BENEFITS PLAN SUMMARY COMPARISON

Kaiser	Kaiser HMO Slice	Kaiser HSA HMO 1500	Kaiser HSA HMO 2800
<b>Deductible (individual /family)</b>	\$0	\$1,500/\$2,800/\$3,000	\$2,800/ \$2,800/\$5,600
<b>Out-of-Pocket Max (individual / family)</b>	\$1,500/\$1,500/\$3,000	\$3,000/\$3,000/\$6,000	\$5,250/\$5,250/\$10,500
<b>Primary Care Office Visit</b>	\$20 copay	20% after deductible	\$30 after deductible
<b>Specialist Office Visit</b>	\$20 copay	20% after deductible	\$30 after deductible
<b>Emergency Room</b>	\$100	20% Coinsurance after Plan Deductible	30% Coinsurance after Plan Deductible
<b>Inpatient Hospital</b>	\$250/admit	20% after deductible	30% after deductible
<b>Outpatient Hospital</b>	\$100 copay	20% after deductible	30% after deductible
<b>Diagnostic Laboratory</b>	No charge	20% after deductible	\$10 after deductible
<b>Diagnostic Radiology</b>	No charge	20% after deductible	\$10 after deductible

Prescription Drug Coverage	Kaiser HMO Slice	Kaiser HSA HMO 1500	Kaiser HSA HMO 2800
<b>Retail - Generic</b>	\$10	\$10 for up to a 30-day supply after Plan Deductible	\$15 for up to a 30-day supply after Plan Deductible
<b>Retail - Brand</b>	\$30	\$20 for up to a 100-day supply after Plan Deductible	\$30 for up to a 30-day supply after Plan Deductible
<b>Mail Order - Generic</b>	\$20	\$20 for up to a 30-day supply after Plan Deductible	\$30 for up to a 100-day supply after Plan Deductible
<b>Mail Order - Brand</b>	\$60	\$40 for up to a 100-day supply after Plan Deductible	\$60 for up to a 100-day supply after Plan Deductible
<b>Specialty RX Products</b>	20% coinsurance up to \$150 Max	\$20 for up to a 30-day supply after Plan Deductible	20% Coinsurance (not to exceed \$150) for up to a 30-day supply after Plan Deductible

**For complete coverage details, please see the official plan documents located on BenefitWerks under Company Documents.**





# MEDICAL/RX INSURANCE

## ACRISURE EMPLOYER HSA FUNDING GUIDELINES

**You are responsible for establishing an HSA account.** You may open an HSA at a financial institution of your choice, or via Payflex, our partner for Flexible Spending Accounts.

Provide the name of the financial institution, routing number and account number.

## ACRISURE EMPLOYER FUNDING SCHEDULE

Employee Only	Employee with One or More Dependents
\$62.50/mo	\$125/mo

### WHAT IS IT?

A health savings account (HSA) is a savings account comprised of tax-free dollars which are earmarked for qualified medical expenses.

### WHO CAN HAVE IT?

**Any adult can have an HSA if you:**

- Have coverage under an HSA-qualified high-deductible health plan (QHDHP)
- Have no other first-dollar medical coverage (other types of insurance, such as specific injury or accident, disability, dental care, vision care, or long-term care, are permitted)
- Are not enrolled in Medicare or receiving Social Security Benefits
- Are not enrolled in Tricare or received Veterans health benefits in the last 3 months
- Cannot be claimed as a dependent on someone else’s tax return
- Are a U.S. Citizen or Resident Alien

### HOW DO YOU USE IT?

You can use money in your HSA to pay for any qualified medical expenses permitted under federal tax law. This includes most medical care and services, dental and vision care. You can use your HSA to pay for medical expenses for yourself, your spouse or your dependent children, even if your dependents are not covered by your plan.

Any amounts used for purposes other than to pay for qualified medical expenses are taxable as income and subject to an additional 20 percent penalty. Generally, you cannot use your HSA to pay for medical insurance premiums, except in specific instances.

### HOW MUCH CAN YOU CONTRIBUTE?

The annual contribution limit is set each year by the IRS. In 2020 the contribution limits are:

- **Single:** \$3,550 (less the Acrisure contribution paid \$31.25 x 24 payrolls)
- **Family:** \$7,100 (less the Acrisure contribution paid \$62.50 x 24 payrolls)
- **Age 55+** may make additional catch-up contributions of up to \$1,000 for the year

Contributions to your HSA can be made by you, Acrisure, or both. However, the TOTAL contributions are limited annually.

# DENTAL INSURANCE

Acrisure offers dental benefits through Delta Dental of Michigan. You have two plans to choose from, the Core Plan and the Enhanced Plan. The chart below shows a side-by-side comparison of the coverage level for each plan. You receive the highest level of savings when you visit a dentist in the Delta Dental PPO network.

## PLAN SUMMARY

Type of Service	Core Plan	Enhanced Plan
<b>Deductible</b> - does not apply to diagnostic & preventive services, emergency palliative treatment, sealants, brush biopsy, and X-rays	\$25 per person \$75 per family	\$25 per person \$75 per family
<b>Annual Maximum</b> - amount to spend on dental services for the year - excluding orthodontics	\$750 per person	\$1,200 per person
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride treatment, space maintainers, x-rays, sealants, etc.	50%	100%
<b>Basic Services</b> - fillings, simple extractions, oral surgery, crown repairs, etc.	50%	80%
<b>Major Services</b> - implants, bridges, dentures, etc.	50%	50%
<b>Orthodontia Services</b> (to age 19)	Not Covered	50%
<b>Orthodontia Lifetime Maximum</b>	N/A	\$1,000 per person

For complete coverage details, please see official plan documents located on BenefitWerks under Company Documents.

## IMPORTANT PLAN INFORMATION

You will receive your dental card from Delta Dental, if you elect dental coverage. **You can receive 2 cleanings per calendar year at no cost to you under the Enhanced Plan.**

## TOOLS

Utilize Delta Dental's Consumer Toolkit online at [www.deltadentalmi.com](http://www.deltadentalmi.com).

Get the Delta Dental App for Apple ios and Android for information at your fingertips, including:

- Dentist Search
- Mobile ID card
- View Coverage & Review Claims
- Toothbrush Timer

 **DELTA DENTAL**



Scan the QR Code to download the Delta Dental App to find an in-network dentist or visit: [www.deltadentalmi.com](http://www.deltadentalmi.com)

# VISION INSURANCE

Vision services are offered through Vision Service Plan (VSP). VSP offers a national network of participating providers. While you have the option to choose any vision provider, you will be responsible for any difference between the amount VSP allows and the charged amount if you use a non-participating provider. Using a VSP provider will reduce your cost.

## PLAN SUMMARY

Type of Service	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Once Per Calendar Year
Prescription Glasses	\$175 allowance for frames	\$25	
Contacts (instead of glasses)	\$150 allowance for contacts fitting and evaluation	None Up to \$60	

For complete coverage details, please see official plan documents located on BenefitWerks under Company Documents.

## IMPORTANT PLAN INFORMATION

You will NOT receive a card if you elect vision coverage. Simply tell your doctor's office that you have vision coverage through VSP. Using your social security number, they will run your services through your plan.

**Benefits are limited to either one pair of glasses (lenses and frames) or one prescription of contact lenses each plan year, but not both.**

## TOOLS

Visit [www.vsp.com](http://www.vsp.com) for convenient information such as:

- Finding a VSP doctor
- Viewing Coverage & Reviewing Claims
- Accessing your Online Vision Card
- Browsing an Eyewear Gallery



Scan the QR Code to find an in-network vision provider or visit: [www.vsp.com](http://www.vsp.com)



# FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs provide you with an important tax advantage that can help you pay medical care and dependent care expenses on a **pretax basis**. **The following FSA accounts are administered by Payflex.**

## HEALTH CARE FSAS

**NOTE: Health Care FSAs are only available to those who did not elect a HDHP + HSA.**

This program lets Acrisure employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pretax dollars. **The annual maximum amount per employee is \$2,700 per calendar year and \$5,400 per household.**

To determine if a Health Care FSA makes sense for you, estimate your eligible expected expenses for health care needs for you and your dependents (if applicable) for the calendar year using the table to the right. This amount would be your annual election.

## LIMITED PURPOSE HEALTH CARE FSA

**NOTE: If you elected a HDHP + HSA, you may only enroll in the Limited Purpose Health Care FSA.**

A Limited Purpose Health Care FSA allows employees with an HSA to utilize pretax funds on certain qualified medical expenses, such as: vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses, and dental services and orthodontia. **The annual maximum amount you may contribute to the Limited Purpose Health Care FSA is \$2700 per calendar year.**

## DEPENDENT CARE FSA

**NOTE: ALL benefit eligible employees may enroll in the Dependent Care FSA whether or not they elected a HDHP + HSA.**

The Dependent Care FSA lets Acrisure employees use pretax dollars toward qualified, licensed dependent care such as caring for children under the age 13 or caring for elders so that you and your spouse can work. **The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.**

This Dependent Care FSA works just like the Health Care FSA, with one exception. The difference is that the amount reimbursed to you under the Dependent Care FSA is limited to the amount you have contributed through payroll deductions at the time reimbursement is claimed.



### Reminder

You can roll over **\$500 of unused funds from the Health Care FSA and/or Limited Purpose Health Care FSA** to the following year. Any additional funds will be forfeited at the end of the plan year.



# FLEXIBLE SPENDING ACCOUNTS (FSAs)

## TRANSPORTATION BENEFITS

With a Transportation Account, employees establish a pre-tax account through payroll deduction to pay for qualified work related commuting and/or parking expenses:

- Public Transportation (bus, train, ferry, subway)
- Commuter Highway Vehicles (vanpools)
- Parking (ramp, park 'n ride)
- Eligible commuter expenses must be work related
- Tolls are not eligible
- Eligible parking expenses must include parking at or near your place of employment, or at a location from which you commute to work

**Pre-tax contribution limits:**

**Commuter: \$265 per month**

**Parking: \$265 per month**



## DOES YOUR CHILD CARE QUALIFY?

- The child must be under 13 years of age and your dependent under federal tax rules.
- The services may be provided inside or outside your home, but not by someone who is your dependent for income tax purposes (for example, not your spouse or older child).
- Your total elected contributions must not exceed you or your spouse's income, whichever is lower.
- Services must be for the physical care of the child, not for education, meals, etc. Please note: FSA cannot be used for child support.
- If your spouse is a full-time student or disabled, the maximum expense that can be reimbursed for child care is \$200 per month for one child or \$400 per month for two or more children.
- Your FSA may not be used for weekend or evening babysitting.
- The dependent care FSA may not be used for dependent-related health care expenses.



# LIFE AND DISABILITY BENEFITS

Acrisure provides you with short and long-term disability income benefits, and pays the full cost of this coverage. As an employee, you will be taxed per payroll on the long-term disability premium that is paid by Acrisure. By paying tax on the premium, you will not be taxed in the event you receive a long-term benefit. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

## Short-Term Disability (STD)

<b>Benefits Begin</b>	On the 8th Day of Illness or 1st Day of an Accidental Injury
<b>Benefits Payable</b>	Up to 26 Weeks
<b>% of Income Replaced</b>	60% of your "Basic Weekly Earnings" Your "Basic Weekly Earnings" will be based on your base pay excluding bonuses, overtime pay or any extra compensation or income received from sources other than Acrisure. If more than 50% of your compensation in the 26 weeks prior to a disability is paid on a commission basis, your benefit will be the greater of your earned commission or 60% of your commissions paid in the prior 6 months unless your Employment Agreement provides otherwise.

## Long-Term Disability (LTD)

<b>Benefit</b>	Class 1 & 2 – 60% to \$13,000/Month w/\$100 or 10% minimum – (earnings over \$125,000) Class 3 & 4 – 60% to \$10,000/Month w/\$50 minimum – (all others)
<b>Elimination Period</b>	180 Days
<b>Benefit Duration</b>	We pay LTD benefits for a total disability due to an accident or sickness event. The maximum benefit period may range from 2 years to age 70.
<b>Limitations</b>	Pre-Existing Limitation – 3/12 Mental/Nervous/Substance Abuse – 24 Months

**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY  
A MEMBER OF THE TOKIO MARINE GROUP

For complete coverage details, please see official plan documents located on BenefitWerks under Company Documents.

# LIFE AND DISABILITY BENEFITS (CONTINUED)

## BASIC LIFE AND AD&D

Acrisure provides full-time employees with Group Life and AD&D Insurance equal to one times your annual salary with a minimum of \$50,000 and maximum of \$400,000, and pays the full cost of this benefit. As an employee, you will be taxed on benefits exceeding \$50,000.

Benefits will reduce by 35% at age 65, an additional 25% at age 70, and an additional 20% at age 75. Coverage terminates at retirement or upon termination of employment.

### Benefit Reduction Schedule

- 35% at age 65
- Additional 25% at age 70
- Additional 20% at age 75

**Benefits terminate at Retirement. Retirement constitutes collecting social security and/or certain pension benefits, even if you continue working. Spouse rates are based on the employee's age; however, the benefit reduction schedule is based on the spouse's age.**

**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY  
A MEMBER OF THE TOKIO MARINE GROUP

For complete coverage details, please see official plan documents located on BenefitWerks under Company Documents.

## VOLUNTARY TERM LIFE

When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. **You must elect coverage for yourself to elect coverage for your spouse and dependent children.**

**EMPLOYEE** - Upon hire, you may purchase \$10,000 increments up to the lesser of 5x your base annual salary or \$300,000. The Guarantee Issue amount is \$250,000 under age 65.

**Please note: Guaranteed Issue, with no medical underwriting only applies to your first opportunity to enroll.** Any future enrollment or increase in coverage requires proof of good health and will be approved only after you complete medical underwriting/evidence of insurance. An increase or initial application due to marriage, birth, or change in employment status will be considered Guaranteed Issue so long as you apply within 30 days of the life event.

**SPOUSE** - You may purchase \$5,000 increments to \$50,000. The Guarantee Issue amount is \$30,000 under age 70. Spouse coverage cannot exceed 100% of the employee's elected amount.

**CHILD DEPENDENT** - You may purchase up to \$10,000 in increments of \$500 for children over 6 months. You may purchase \$250 for children 14 days to 6 mos.

# VOLUNTARY WHOLE LIFE

Employees are eligible to apply for guaranteed issue Group Whole Life Insurance through MassMutual Financial Group. Group Whole Life Insurance is supplemental to the Group Term Life and AD&D coverages. Group Whole Life offered through MassMutual provides portable, lifelong coverage with guaranteed death benefits, premiums and cash value.

## WHOLE LIFE INSURANCE

When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

**You must elect coverage for yourself (minimum \$25,000) to elect coverage for your spouse and dependent children/grandchildren.**

**Employee:** You may purchase \$5,000 increments up to \$150,000 (Coverage minimums: All states except WA: Ages 18-60: \$10,000; Ages 61-75: \$5,000; WA: All ages: \$25,000). **The Guarantee Issue Limit is \$75,000 under age 75.** Coverages over \$75,000 will require simplified issue underwriting which requires answering additional medical questions. **No medical examination required.**

**Spouse:** You may purchase \$25,000 of coverage (Ages 18-60). Simplified issue underwriting only.

**Child/Grandchild Dependent:** You may purchase \$25,000 of coverage (Ages 14 days to 26 years of age). Guaranteed Issue.

### AT-A-GLANCE

**Description:** Permanent, participating life insurance coverage with built-in guarantees.

**Built in Guarantees:**

- Guaranteed death benefit\*\*
- Guaranteed cash-value growth
- Guaranteed fixed premium

**Dividend Eligible:** Eligible to receive dividends each year, beginning on the certificate's second anniversary.

**Terminal Illness:** As the certificate owner, you can receive an advance, or acceleration, of a portion of your death benefit, if you are diagnosed with a terminal illness expected to result in death.

## MassMutual

Contact MassMutual Call Center Support at 844-667-5223.

For complete coverage details, please see official plan documents located on BenefitWerks under Company Documents.

\* Dividends are not guaranteed

\*\*Assuming premiums are paid on time and no loans or surrenders are taken.

#### How much does it cost for a tobacco-free employee to be covered with \$50,000 worth of Group Whole Life Insurance:

Age	25	45	55
Cost per week	\$7.39	\$18.81	\$33.00
Guaranteed cash value at age 65			
	\$21,017.11	\$15,428.60	\$9,028.77

\* This example is for illustrative purposes only. Riders, which have an additional cost, are not included in the examples above.



# ADDITIONAL BENEFITS

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Acrisure's employee assistance program through ACI Specialty Benefits can help find answers and resolve personal problems. From the stress of everyday life to relationship issues or even work-related concerns, the EAP can help with any issue affecting overall health, well-being and life management. If you are a full-time employee working 30 or more hours per week, you, your spouse and children may utilize the EAP.

**This is a completely confidential program which includes:**

- Unlimited telephonic clinical assessment and referral
- Up to 3 sessions of professional assessment for employees and family members
- Unlimited child care and elder care referrals
- Legal and financial consultation for unlimited number of issues per year
- Unlimited pet care consultation
- Unlimited education referrals and resources
- Unlimited referrals and resources for any personal service
- Unlimited community-based resource referrals
- Online legal resource center
- Affinity™ online work-life website
- myACI app for mobile access
- Multicultural and multilingual providers available nationwide



Contact ACI toll free: 855-RSL-HELP,  
or email: [rsli@acieap.com](mailto:rsli@acieap.com), or visit [rsli.acieap.com](http://rsli.acieap.com)

## PATIENT ADVOCACY PROGRAM

Health can be unpredictable. As much as we try to plan for our future, be informed, eat healthy, exercise and see our doctor regularly, there are just some things that are out of our control. And, you never know when you'll need help. That's why it's comforting to know that you have a Personal Health Advocate at your side when you need it most.

Your Personal Health Advocate is your resource no matter the health issue. Maybe you simply need to find a new doctor, or maybe you need help preparing for an in-patient hospital stay. Or, maybe you received an unexpected claim denial and you have no idea what to do next. Simply call Health Advocate.

As experts in navigating the healthcare system, their Personal Health Advocates, typically registered nurses supported by medical directors and benefits and claims specialists, are your go-to team.

Turn to Health Advocate to help you not only prepare for good health, but to address life's surprises.



HealthAdvocate

Contact 1-866-695-8622 or  
email: [Answers@HealthAdvocate.com](mailto:Answers@HealthAdvocate.com)

## BUSINESS TRAVEL ACCIDENT PROGRAM

If you are a full-time employee working 30 or more hours per week, you are covered under the Acrisure Business Travel Accident program. Business Travel Accident insurance provides you with accidental death and dismemberment (AD&D) benefits if you are involved in an accident while traveling on Acrisure's behalf.

Whether you're flying across the country for a business conference, traveling overseas to welcome a new business partner or driving across town to meet with a client, you are covered.

**Basic Benefit: \$100,000**

# VOLUNTARY BENEFITS

## AFLAC

Aflac is different than health insurance; it's insurance for daily living. Major medical health insurance pays doctors and hospitals; whereas, Aflac pays cash benefits directly to you to use as you see fit. These plans help you cover the unexpected out-of-pocket medical expenses that are attached to every health insurance plan.

**Aflac concentrates on two things when it comes to coverage:**

- Complete education on how each policy fits into your current benefit package.
- Affordability—Tailor it to be approximately 1 hour's wage per week!

**Eligible plans are paid pre-tax**

## AFLAC COVERAGE

### ACCIDENT COVERAGE

Accidents happen all the time – about every four seconds, according to the National Safety Council. When they happen to you, Aflac accident insurance policies can help you manage many of the expenses that your medical insurance doesn't cover after an unexpected injury.

**Aflac pays cash benefits when qualified accidents result in:**

- A visit to the emergency room or even a physician's office
- Dislocations, fractures, eye injuries, broken teeth, paralysis, burns, lacerations, concussions, and others
- Emergency transportation in an ambulance
- Family lodging for a member of the immediate family

### HOSPITAL CONFINEMENT COVERAGE

An extended hospital stay can be a distressing time for you, and your family. It can also be an expensive one, with costs racking up surprisingly quickly. An Aflac Hospital Confinement Indemnity policy can help. Aflac pays a cash benefit when you are required to stay in a hospital or require surgery for a covered sickness or injury.

### CRITICAL ILLNESS PLAN - CANCER, HEART ATTACKS, STROKES, ETC.

Cancer impacts so many of our lives, and one of the greatest-and most easily forgotten effects is financial. In addition to the cost of treatment, the time away from work can deplete your savings in no time at all. An Aflac Cancer/Specified-Disease policy can help.

Every 26 seconds, an American suffers a coronary event. Every 45 seconds, a stroke. These are just two of many health events that can change your life—quickly and without warning.

**Aflac can help you be prepared. Just in case.**

- Aflac will pay you a lump-sum of cash between \$5,000 and \$50,000 that you can use as you see fit. This is our most lucrative plan as you can choose which benefit amount you would like to receive in increments of \$5,000.
- Children do not add any additional costs to this plan.
- Wellness benefit for annual cancer screenings such as mammograms, pap smears, and colonoscopies



See BenefitWerks for coverage summaries and additional information



# VOLUNTARY BENEFITS

## LEGALSHIELD

LegalShield gives you the ability to talk to a lawyer on any personal legal matter without worrying about high hourly costs. Under the protection of LegalShield you and your family can live your life on your terms worry-free, every day, every night.

### WHY LEGALSHIELD?

- Personal legal advice on unlimited issues
- 24 / 7 Emergency access for covered situations
- Letters / calls made on your behalf
- Contracts / documents reviewed up to 15 pages
- Online legal forms / videos
- Lawyers prepare your will, living will, health care power of attorney
- Traffic-related issues
- IRS audit assistance
- Trial defense
- Pre-trial
- Trial
- Family / domestic services
- Uncontested divorce
- Uncontested adoption
- Uncontested separation / annulment
- Uncontested name change
- 25% Preferred member discounts

## IDSHIELD

Millions of people lose their identity every year. Don't be one of them. Identity theft has been the top consumer complaint filed with the FTC for 15 years straight. Victims are spending an exorbitant amount of time and money dealing with it. The criminals are getting smarter. And they're not going away. That's why you need a company that's more than a website. You need an established institution that understands all the potential threats, how to prevent them and how to restore any damage done.

### WE MONITOR WHAT MATTERS

#### Your Privacy

- SSN
- DOB
- DMV
- Passport
- Address
- Email
- Web persona

#### Your Security

- Bank accounts
- Credit card
- Loans
- And more!

### WE CARE

#### We're Always Here for You

- 24 / 7 / 365 emergency hotline
- Unlimited non-emergency consultation
- Free mobile app

### WE RESTORE YOUR IDENTITY

- Team of licensed Private Investigators
- Do whatever it takes
- As long as it takes
- Clear your records for life
- \$5 Million service guarantee
- Kroll provides these identity theft services exclusively to LegalShield members



Call 1-800-654-7757 or visit [www.legalshield.com](http://www.legalshield.com)

# VOLUNTARY BENEFITS

## CYBERSCOUT®

Offers valuable services that deliver continuous protection at every stage of life.

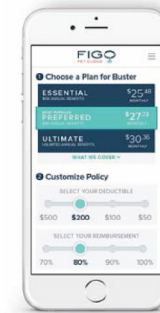
- Credit Protection Services
- Cyber Activity Monitoring
- Sex Offender Notification
- Social Media Activity Alerts
- Expense Reimbursement
- \$1M or \$2M Service Guarantee



Call 480-440-9314  
or visit [www.CyberScout.com](http://www.CyberScout.com)

## FIGO PET INSURANCE

Here are just a few things we cover



- Fully Cover Exam Fees
- Hospitalization
- Prescriptions
- Cancer Treatments
- Surgeries
- CAT Scan, MRIs, X-Ray
- Alternative & Holistic
- Hereditary & Congenital
- Hip Dysplasia
- Not eligible for payroll deduction



Call 1-844-738-3446  
or visit [www.Figopetinsurance.com](http://www.Figopetinsurance.com)

# LEGAL NOTICES

Every year the government issues important notices. It is our job to make sure you receive them. Please log into [www.BenefitWerks.com](http://www.BenefitWerks.com) and go to the [Company Documents](#) page to review the following notices:

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy
- Women's Health and Cancer Rights ACT (WHCRA) of 1998
- Medicare Part D Notification
- Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- Exchange Notice
- Notice of Patient Protections





# BENEFIT EFFECTIVE DATES

BENEFIT TYPE	START DATE	END DATE
Aflac (all plans)	1st of the month following 30 days	Last day of employment
Dental	1st of the month following 30 days	Last day of month in which employment ends
FSA	1st of the month following 30 days	Last day of employment
Group Term Life	1st of the month following 30 days	Last day of employment
HSA	1st of the month following 30 days	Last day of employment
Legal & ID Shield	1st of the month following 30 days	Last day of employment
LTD	1st of the month following 30 days	Last day of employment
Medical	1st of the month following 30 days	Last day of month in which employment ends
STD	1st of the month following 30 days	Last day of employment
Travel Accident Life	1st of the month following 30 days	Last day of employment
Vision	1st of the month following 30 days	Last day of month in which employment ends
Voluntary Term Life – Emp	1st of the month following 30 days	Last day of employment
Voluntary Term Life – Spouse	1st of the month following 30 days	Last day of employment
Voluntary Term Life – Child	1st of the month following 30 days	Last day of employment
Voluntary Whole Life	1st of the month following 30 days	Last day of employment



# CONTACT US

	888-402-1240 <a href="http://www.aetna.com">www.aetna.com</a>	Medical
	1-844-729-3539 <a href="http://www.payflex.com">www.payflex.com</a>	Health Care FSA Limited Purpose Health Care FSA, Dependent Care FSA, Transportation benefits
	1-800-433-3036 <a href="http://Aflacgroupinsurance.com">Aflacgroupinsurance.com</a>	Accident Coverage, Hospital Confinement Coverage, Critical Illness Plan
	1-855-835-2362 <a href="http://teladoc.com">teladoc.com</a>	TeleMedicine
	1-800-282-2881 <a href="http://Express-scripts.com">Express-scripts.com</a>	Pharmacy Benefits Manager
	1-800-524-0149	Dental
	1-800-877-7195	Vision
	1-800-654-7757 <a href="http://Legalshield.com">Legalshield.com</a>	Legal Services
	1-800-526-4402	Long-term Disability (LTD) Basic Life and AD&D Insurance Voluntary Life Insurance Short-Term Disability (STD), FMLA Administration
	1-855-775-4357 <a href="http://rsli.acieap.com">http://rsli.acieap.com</a>	Employee Assistance Program (EAP)
	1-866-695-8622	Patient Advocacy Program
	1-844-738-3446 <a href="http://Figopetinsurance.com">Figopetinsurance.com</a>	Pet Insurance
	1-800-272-2216 <a href="https://massmutual.com/insurance/life-insurance">Https://massmutual.com/insurance/life-insurance</a>	Whole Life Insurance
	<a href="http://www.benefitwerks.com">www.benefitwerks.com</a>	Benefits Enrollment System



Acrisure HR Team [AgencyHR@acrisure.com](mailto:AgencyHR@acrisure.com) (616) 541-1300 or (800) 490-9968

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.